

PROPOSAL FORM

ENGINEERING – STORAGE TANK

Etiqa Takaful Berhad (Etiqa Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both life and general takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of Takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of Takaful.

The above duty of disclosure shall continue until the time your contract of Takaful is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of Takaful has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Basic Information

Company Name					
Company Registration No.		Date of Company Registration:		No. of Years in Business:	
GST Tax Details <i>(If applicable)</i>	Registration No.		GST Tax Registration Date		
Occupation/ Nature of Business					
Contact Details	Phone	Mobile:		House:	
	Fax No.			Email	Office:
Address					
		Postcode:	Town:	State:	
Bank Account Details <i>(Current or Savings Account)</i>	Bank Name				
	Account Type	<input type="checkbox"/> Current		<input type="checkbox"/> Savings	
	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Account Effective Date				

Certificate Information

Period of Coverage	From <i>(dd/mm/yyyy)</i> :		To <i>(dd/mm/yyyy)</i> :	
Location of Risk / Territorial Limit	Postcode:		Town:	
			State:	
	Latitude:		Longitude:	
Interest Covered				
Has any of the storage tank to be Covered previously been covered by other Takaful Provider(s)?	<input type="checkbox"/> Yes	If YES, please provide the item(s) of the machinery and the name Takaful Provider:		
	<input type="checkbox"/> No			
Has your storage tank sustained any damage from breakdown or other cause during last three (3) years	<input type="checkbox"/> Yes	If YES, please provide details of damage(s) and repair cost (RM):		
	<input type="checkbox"/> No			

Claims History for the past three (3) years	Year	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim
Do you wish to insure the foundations of the storage tank	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state the relevant items of the specification			
Do you wish the cover to include extra charges (in case of loss) for	a) Express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b)			
Give details of any special extension of cover required				
Maintenance of storage tank	<input type="checkbox"/> Once a month or less <input type="checkbox"/> Every quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Once a year <input type="checkbox"/> Nil			
	Date of last thorough examination of machinery		Who carried out the examination?	
Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have any other storage tank not included in this Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate which Items are excluded and why?			

Please answer the following specifications in respect of values and limits to insure:

Specification	RM
a) Average value of contents any one time (in total)	
b) Maximum Value of contents:	
c) Total Sum Covered for Tanks <i>Please provide breakdown values by types of tanks if so required</i>	
i.	
ii.	
iii.	
iv.	
d) Total values Covered for Contents <i>Please provide breakdown values by types of contents if so required:</i>	
i.	
ii.	
iii.	
iv.	

TABLE: SPECIFICATION OF ITEMS TO BE COVERED

Note:
 1) Please give full description of all storage tank in column No. 6 including name of manufacturer, type, thickness, internal lining, air vents / tank (if any), Description (cylindrical, spherical, horizontal, vertical, rectangular etc), Describe tank top (fixed or floating etc), Describe relevant equipment connected to tanks, e.g. piping, pumps etc, Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc, material stored etc.
 2) Replacement value in column No. 10 must be calculated on the current cost of replacing the storage tank by new storage tank of same kind and capacity plus freight charges, custom duties, cost of erection,
 3) If you also wish to cover the foundations, declare the value of foundations separately for each tank.

Item No.	Contents of tank(s)	Situation of Tank <i>(i.e. at outdoors (ground raised) OR indoors (on which floor), mobile</i>	Type of foundation, if any <i>(e.g. piles used etc)</i>	Type of roof Fixed or Floating	Description of items <i>(See Note 1)</i>	Pressurized? Describe working pressure if any	Heating element? Describe working temperature and source of heating	Year of Manufacture	Replacement Value <i>(See Note 2)</i>	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

DECLARATION

1. I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa Takaful

2. I/We, agree, consent and allow Etiqa Takaful to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of takaful, in compliance with the provisions of the Personal Data Protection Act 2010.

I/We, understand and agree that any Personal Data collected or held by Etiqa Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful or any selected third party (within or outside Malaysia, including medical institutions, reTakaful Providers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.

I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Takaful branches or contact Etiqa Takaful via email at PDKA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

3. I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/We are entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to You, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I/We understand that at the end of each financial year, the distributed surplus (if any) from the General Takaful Fund will be determined by Etiqa Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to You as an incentive for operating and managing the General Takaful Fund, the balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year.

I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into charity fund which will be utilized as 'amal jariah' on behalf of the participants.

4. Please provide Etiqa Takaful with bank account details so that Etiqa Takaful can credit a refund of contribution, or payment of claims or Takaful benefits, if any. Please ensure that the account is active and belongs to the Certificate holder.

- Account Holder's Name
- Bank Name
- Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Takaful, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Takaful shall be discharged from any existing and future claim and demand in relation to it.



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY	
		Yes	No
1.	Duly Completed Proposal Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Layout Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	