



To be completed by Branch Staff

- EIW Ref. No:
- Policy/ Certificate No:

## APPLICATION FORM

### ENGINEERING – CONTRACTOR ALL RISK / ERECTION ALL RISKS

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

#### Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance 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 insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance 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 insurance has been entered into, varied or renewed with us any of the information given in this Application Form is inaccurate or has changed.

<b>Entity</b>	<input type="checkbox"/> Insurance	<input type="checkbox"/> Takaful		
<b>Submission Type</b>	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Cancellation
<b>Policy/ Certificate Number</b> <i>(Applicable for Renewal/ Endorsement / Cancellation)</i>			<b>Agent Code</b>	

#### Basic Information

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

#### Policy/ Certificate Information

<b>Class of Insurance/ Takaful</b>		<b>Product Name</b>	
<b>Period of Insurance/ Coverage</b>	<b>From</b> <i>(dd/mm/yyyy):</i>	<b>To</b> <i>(dd/mm/yyyy):</i>	
<b>Location of Risk / Territorial Limit</b>	<b>Postcode:</b>		<b>State:</b>
	<b>Town:</b>		
	<b>Latitude:</b>		<b>Longitude:</b>

Interest Insured/ Covered			
State the Contractors for the specialized works		Contractor's No. of Years in Business	
State the name of sub-contractors for the specialized works		Sub-contractor's No. of Years in Business	
Total Sum Insured/ Covered	RM	Discount (%) <i>(if any)</i>	

To be Completed by Authorized Underwriter					
Rate		PIAM Code			
Peril	<i>Please attach list of peril(s)</i>				
Excess					
Clause(s)	<i>Please attach list of clause(s)</i>				
Co- Insurance Share	Leader/ Follower		Overall Percent (%)		
	List of Co-Insurer(s) & Percent (%)	<b>Etiqa:</b> <b>Others:</b> <i>Please list down &amp; attach the Co-Insurer(s) if any</i>			
Net Retention (%)		Treaty (%)		MNRB VC (%)	
Auto Facultative	Percent (%)		List of Reinsurer(s)		
Facultative Reinsurance (Fac RI)	Percent (%):		List of Reinsurer(s)		
Underwriter's Name			Initial		
Review Date					

## DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
1.	Letter of Award	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Scope of Works	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Bill of Quantity (BQ)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Insurance requirements if maintenance period is more than 24 months	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Proof of Contractor's Experiences	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	Site Plan / Layout Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	Elevated Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	Work / Time Schedule (Bar Chart)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.	Company's profile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NO	ADDITIONAL DOCUMENTS FOR SPECIALIZED WORK**	DOCUMENT AVAILABILITY			
1.	Method statement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Summary of soil investigation report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Dilapidation report (abandon project)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Detail Bill of Quantity (BQ) of the specialized work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Detail drawing of bridge, bund, caisson	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Note:**

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

2 \*\* refers to the construction of bridge, wet works, tunneling, deep excavation, elevated highway

## 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 Insurance cover will not be enforced until and unless this Application has been accepted by Etiqa General Insurance Berhad

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

3. I/We, understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application & providing subsequent service related to it & 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 General Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General Insurance via email at PDP@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.

4. Please provide Etiqa General Insurance with bank account details so that Etiqa Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.

- 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 General Insurance, 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 General Insurance shall be discharged from any existing and future claim and demand in relation to it.

Signature of Applicant / Company's Stamp

Application Date

## For Office Use Only

Source (HQ / Branch)		Sales Channel Code	
Channel:		Sales Channel Name	