

Fire Insurance Application Form

Important Notice:

- **Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).**
- **Before you sign this Application Form, please read the IMPORTANT NOTICE below and if you require, obtain a full and detailed explanation of the notes mentioned from the agent.**

1. In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Policyholder wherever applicable.
2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for the purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Application Form. You must answer all questions in this Application Form fully and accurately.
Failure to take reasonable care in answering the questions 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.
In addition to answering the questions in this Application Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
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.
3. You must notify Etiqa Insurance in writing should there be a change to any answers or declarations in this application prior to the date of issuance of the policy.
4. Please ensure that the agent has presented and fully explains the recommended product in the language that you understand and provides you with the product disclosure sheet and brochure (if any) for your consideration. Please seek clarification from the agent should you not understand any of the terms and conditions therein especially with regards to the benefits available and your duties under the policy contract
5. Please note the 60 days Premium Warranty attached to the policy. By this warranty, the policy is automatically cancelled unless the full premium is paid to Etiqa Insurance within 60 days from commencement date of cover.
6. All premiums (if applicable) will be subject to relevant charges or taxes as deemed necessary by the Malaysian tax authorities. Please retain the receipt as proof of payment of premium.
7. Please contact Etiqa Insurance's Customer Contact Centre if you do not receive the policy within fourteen (14) business days from the submission of this application and all supporting documents.
8. Please notify the agent or Etiqa Insurance of any change in your correspondence address and contact details, to enable Etiqa Insurance to effectively communicate with you.
9. You may cancel your policy at any time by giving us a written notice. Upon cancellation, any refund of premium would be based on the conditions stipulated in the policy.
10. The sum to be insured must represent the Full Value of the buildings and or contents. The Applicant shall be considered as being his own insurer for the difference and shall bear the prorated loss accordingly in the event of underinsurance
11. If you have an enquiry or require further information, please contact Etiqa Insurance's Customer Contact Centre via e-mail at info@etiqa.com.my or telephone within Malaysia 1 300 13 8888, If you have a complaint, dispute, or feedback, please contact Etiqa Insurance Complaints Unit via e-mail at cmu@etiqa.com.my, telephone within Malaysia at 1300 13 8888 or from overseas at +603 2780 4500, facsimile to +603 2785 3093, or by post at Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No.1, Jalan Maarof, 59000 Kuala Lumpur
12. The Consumer Education Programme is available at www.insuranceinfo.com.my. Enquiries, complaints, disputes and feedback may be referred Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, telephone at 1 300 88 5465, facsimile to +603 2174 1515, or by post to BNMLINK dan BNMTLELINK, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O.Box 10922, 50929 Kuala Lumpur. You may refer to the Financial Mediation Bureau via e-mail at enquiry@fmb.org.my, telefon at +603 2272 2811, facsimile to +03 2272 1577, or by post to Level 25, Main Block, Menara Insurance Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur on any disagreement with regards to your claims.
13. In the event of accident, you are to immediately notify Etiqa Insurance in writing or call Etiqa Claims Assist at 1300 88 1007. Visit our website at www.etiqa.com.my to download the claim form. Complete and submit the claim form as soon as possible together with related documents to support the claim to our nearest branch.

FOR OFFICE USE ONLY

Agency Code		Policy No.	
Loan Account No.		Mortgagee	

Individual Application

Company Application

Title	Company Name
Name	
MyKad No.	
Army/Police/Passport No.	Company Registration No.
Gender	Date of Birth
Marital Status	Date of Company Registration
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact person
Occupation	Nature of Business

Phone No.				
Mobile:	House:	Office:	Fax No:	E-Mail

Correspondence Address

Postcode: _____ Town: _____ State: _____

Residential Address (If different from Correspondence Address)

Postcode: _____ Town: _____ State: _____

To be filled by Individual Application only

Education Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree
No. of Children in Family (please indicate the number)	<input type="checkbox"/> 0 - 12 years	<input type="checkbox"/> 12 years to 18 years	<input type="checkbox"/> 18 years +	
Monthly Household Income	<input type="checkbox"/> Up to RM1,500	<input type="checkbox"/> RM1,501 - RM2,500	<input type="checkbox"/> RM2,501 - RM5,000	<input type="checkbox"/> RM5,001 - RM8,000
	<input type="checkbox"/> RM8,001 - RM15,000	<input type="checkbox"/> RM15,001 - RM20,000	<input type="checkbox"/> RM20,001 +	

Details of Insurance Required

- Period of Insurance from _____ to _____
- Nature of Business _____
- Location of premise to be insured

Postcode	Town	State
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- Premise occupied as _____
- Construction of building

Walls	Roof	Floor	No. of Storey(s)
_____	_____	_____	_____
- Year of construction _____
- Description of property to be insured

Item	Description	Sum to be insured (RM)
1A	Buildings (Excluding Foundation)	
1B	Buildings (Including Foundation)	
2	Rent _____ Months	
3	Plant and Machinery	
4	Stock in Trade consisting of _____	
5	Business Furniture, Fixtures and Fittings	
6	Household Furniture & Personal Effect	
7	Removal of Debris	
8	Architects, Surveyors and Consulting Engineers Fees	
9	Others (Please specify)	
	Total	

Note: Buildings standing apart from one another or not internally connected must have separate sum insured upon each, and if stock or effects are contained in two or more distinct buildings, the sum to be insured thereon in each building must be specified. If premises consist of more than one building, a sketch plan showing the various buildings must be submitted together with the Proposal Form.

Basic Cover: Fire And Lightning Only (Subject to terms and conditions of policy)

8. Additional Perils. Please tick (✓) if cover is required and/or delete whichever not appropriate.

Flood	<input type="checkbox"/>	Explosion:	
Storm and Tempest	<input type="checkbox"/>	a) Without boilers (Industry / Non-Industry)	<input type="checkbox"/>
Earthquake and Volcanic Eruption	<input type="checkbox"/>	b) With boilers (Industry / Non-Industry)	<input type="checkbox"/>
Subsidence and Landslip (Standard cover)	<input type="checkbox"/>	Spontaneous Combustion (stock only)	
Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/>	a) By fire only	<input type="checkbox"/>
Electrical Installation	<input type="checkbox"/>	b) Full cover	<input type="checkbox"/>
Bursting and Overflowing of Water Tanks Apparatus or Pipe		Riot, Strike and Malicious Damage	
a) Building exceeding 5 storey (including mezzanine)	<input type="checkbox"/>	a) Residential properties	<input type="checkbox"/>
b) Others (Please specify)	<input type="checkbox"/>	b) Other than residential properties	<input type="checkbox"/>
Impact Damage		Bush / Lallang Fire	<input type="checkbox"/>
a) Including own vehicle	<input type="checkbox"/>	Aircraft Damage	<input type="checkbox"/>
b) Excluding own vehicle	<input type="checkbox"/>	Others (Please specify)	<input type="checkbox"/>

Insurance History and Losses

Question 1:

a) Are you tenant, owner-occupying or non-occupying owner of the building?	
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Question 2:

a) What is the nature of the goods stored in the premise?	
b) Is there any manufacturing process carried therein? If yes, please specify in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question 3:

a) State the condition of this building	
b) Is the building issued with the certificate of fitness and able to comply with condition therein at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) How the premise does get its electricity supply?	

Question 4:

Is the property to be insured charged to any bank? If yes, please give the name of the bank.	
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Question 5:

Will the property be left unoccupied continuously for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Question 6:

a) Please choose type of residency:	<input type="checkbox"/> Self Occupied <input type="checkbox"/> Rent Out <input type="checkbox"/> Holiday House
b) Is the premises being used as a quarters? If Yes, is cooking allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Question 7:

Please identify the security measure used on your property:	
<input type="checkbox"/> All outside doors and windows have locks and deadlocks <input type="checkbox"/> Grilles on all outside windows (up to 3 stories) <input type="checkbox"/> CCTV on all outside access point	<input type="checkbox"/> Alarm system connected to 24 hour response service <input type="checkbox"/> Permanent physical guard person

Question 7:

Have you made a claim or encountered any loss experience for the past 2 years on this or any other property? If Yes, please provide details of nature of claim and date, amount claimed (in RM) and cause of claim.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Question 8:

Has any insurer/takaful operator ever declined your proposal/application or imposed special terms or cancelled or refused to renew your Certificate? If Yes, please provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Declaration

1. I/We am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed.
2. I/We agree to notify Etiqa Insurance in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the policy. I/we agree that failure to notify Etiqa Insurance of any such change, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed
3. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Application Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
4. I/We have understood that the purchase of extended coverage is not compulsory and is at my/our sole discretion. I/we understand the need for this extended coverage before consenting to include them to my/our basic contract with an additional contribution.
5. I/We understand and agree that the Insurance coverage I/we have applied for shall only take effect on the date the policy has been issued by Etiqa Insurance which follows the underwriting assessment, and provided that the full contribution has been received by Etiqa Insurance. If the initial contribution is paid via cheque, I/we understand that the Insurance coverage will only commence after the cheque has been cleared.
6. I/We further declare that the agent has presented and fully explained to me/us in the language that I/we understand the information contained in the product disclosure sheet and brochure (if any) in respect of the products and its benefit(s), features as described therein and I/we make this declaration with full knowledge and awareness the nature and effect of the information presented to me/us.
7. I/We also declare that the total sums to be covered represents not less than the full value of the building and or contents mentioned above.
8. 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.

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 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 Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance 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.

I/We agree, consent and allow Etiqa Insurance to share my/our Personal Data with Maybank Group, Etiqa Insurance's agent or strategic partners and other third parties (other entities) as Etiqa Insurance deems fit and I/we may receive marketing communication from Etiqa Insurance or from these other entities about products and services that may be of interest to me/us.

Yes No

Note: If you no longer wish to receive these marketing communications, please notify Etiqa Insurance to withdraw your consent and Etiqa Insurance will stop processing and sharing your Personal Data with these other entities for the purpose of sending you marketing communications. For avoidance of doubt, the withdrawal does not include processing of your mandatory Personal Data.

9. Please provide Etiqa Insurance with bank account details so that Etiqa Insurance can credit payment of surplus distribution, a refund of contribution payment or payment of claims or Insurance benefits, if any. Please ensure that the account is active and belongs to the Insured.

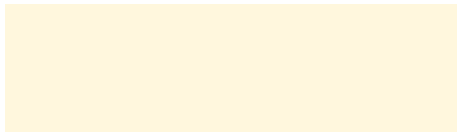
Account Holder's Name

Bank Name

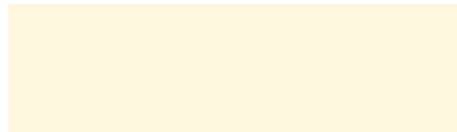
Current /Savings Account

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa 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 Insurance shall be discharged from any existing and future claim and demand in relation to it



Signature of Applicant / Company Stamp



Date