

**PROPOSAL FORM**
**BURGLARY**

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).

**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 Proposal Form is inaccurate or has changed.

**Basic Information**

<b>Company Name</b>					
<b>Company Registration No.</b>		<b>Date of Company Registration:</b>	<b>No. of Years in Business:</b>		
<b>GST Tax Details</b> <i>(If applicable)</i>	<b>Registration No.</b>	<b>GST Tax Registration Date</b>			
<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"/> <b>Current</b>		<input type="checkbox"/> <b>Savings</b>	
	<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"/>			
	<b>Account Effective Date</b>				

**Policy Information**

<b>Period of Insurance</b>	<b>From</b> <i>(dd/mm/yyyy):</i>		<b>To</b> <i>(dd/mm/yyyy):</i>	
<b>State Location of Premise(s) to be Insured</b> <i>If more than one, state all in a separate document</i>	<b>Postcode:</b>	<b>Town:</b>	<b>State:</b>	
<b>State Nature/ Description of the Premise(s)</b> <i>(e.g. shop, office, warehouse, factory, etc)</i> <i>If more than one, state all in a separate document</i>				
<b>State Territorial Limit Required</b>				

<b>Specification of items / properties to be insured</b>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width:10%;">Item No.</th> <th rowspan="2" style="width:60%;">Particulars of Properties to be Insured</th> <th colspan="2" style="width:30%;">Sum Insured</th> </tr> <tr> <th style="width:15%;">Full Value</th> <th style="width:15%;">First Loss</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Item No.	Particulars of Properties to be Insured	Sum Insured		Full Value	First Loss																
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		Full Value	First Loss																				
<b>Occupation of the Premise(s)</b>	<p>Are the premises solely occupied by you? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a) If YES; state how long has been occupied by you: <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b) If NO; provide details of other occupants and construction of partitions:</p>																						
<b>About the Premise(s) Construction &amp; Fencing</b>	<p>a) State the construction of the premise(s):</p> <p>i. Roof: <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Tiles <input type="checkbox"/> Others (please specify)</p> <p>ii. Wall: <input type="checkbox"/> Bricks <input type="checkbox"/> Others (please specify)</p> <p>b) Are there any perimeter fencing? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>																						
<b>About the Premise(s)</b>	<p>a) Occupied by you at night and/or during the weekend? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If NO, is there a watchman or other person on duty at night and/or during the weekend? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b) Lighted at night and/or during the weekend? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>c) Will the premises at any time be left unoccupied? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If YES, how often and for how long?</p>																						
<b>About Storage/ Sales Records</b>	<p>a) Are full records of stock and sales kept? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b) If NO, would you be able to provide records in the event of a claim? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>																						
<b>How are the following secured and protected?</b>	<p>a) External doors on ground level</p> <p><input type="checkbox"/> Wooded <input type="checkbox"/> Steel <input type="checkbox"/> Wooden &amp; Grille</p> <p><input type="checkbox"/> Steel &amp; Grille <input type="checkbox"/> Others (Please specify)</p> <p>b) Type of external door for access &amp; exit at basement:</p> <p><input type="checkbox"/> Glass Panel <input type="checkbox"/> Metal Grille <input type="checkbox"/> Glass Panel &amp; Grille <input type="checkbox"/> Others (Please specify)</p> <p>c) Are external window on ground level protected by metal grille? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>d) Is window or opening at toilet on ground level protected by metal grille? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>e) Any skylights? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>f) Key of the forklift after business hours (if applicable) <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If YES; where is the key being kept?</p> <p><input type="checkbox"/> Attached to Forklift <input type="checkbox"/> Kept in Locked Drawers <input type="checkbox"/> Others (Please specify)</p>																						

<b>About Alarm &amp; Security System</b>	<p>a) Is there any burglar alarm system installed? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, please provide the following details:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width:5%;"></th> <th style="width:50%;">Type of Burglar Alarm System</th> <th style="width:45%;">Location Installed</th> </tr> </thead> <tbody> <tr> <td style="text-align:center"><input type="checkbox"/></td> <td>Magnetic Contactor</td> <td></td> </tr> <tr> <td style="text-align:center"><input type="checkbox"/></td> <td>Motion detector</td> <td></td> </tr> <tr> <td style="text-align:center"><input type="checkbox"/></td> <td>Others (please specify)</td> <td></td> </tr> </tbody> </table>		Type of Burglar Alarm System	Location Installed	<input type="checkbox"/>	Magnetic Contactor		<input type="checkbox"/>	Motion detector		<input type="checkbox"/>	Others (please specify)	
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<input type="checkbox"/>	Others (please specify)												
	<p>b) Is the burglary system linked to CMS? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, please provide the following details:</p> <p>i. Name of OMS Operator:</p> <p>ii. Type of connection to CMS Operator:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Designated Landed Line         </div> <div style="width: 45%;"> <input type="checkbox"/> Common Landed Line         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Common Fax         </div> <div style="width: 45%;"> <input type="checkbox"/> GSM Dialer (please specify location)         </div> </div>												
	<p>c) Is there any Maintenance Contract between the proposer &amp; CMS operator? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, please state how frequent:</p>												
<b>About Safe Deposit Item</b>	<p>Do you have a safe deposit? If YES, state the following information: <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a) Name of Maker</p> <p>b) Weight of Safe Deposit</p> <p>c) Type of Safe Deposit <span style="margin-left: 20px;"><input type="checkbox"/> Free Standing</span> <span style="margin-left: 20px;"><input type="checkbox"/> Bolted to Floor</span> <span style="margin-left: 20px;"><input type="checkbox"/> Mounted to Wall</span></p> <p>d) Are all valuables secured in safes when premises are closed? If no, where the item are kept <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>e) Are the keys of the safe(s) removed from the premises when the premises are closed for business? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>												
<b>About Theft or Burglary</b>	<p>Are there any property kept in the open (within perimeter fencing)? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, please provide details:</p> <p>Have thieves ever entered or attempted to enter your premises? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES; please provide the following details:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width:5%;">No.</th> <th style="width:55%;">Questions</th> <th style="width:40%;">Description/ Details</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">1.</td> <td>When the entry was made</td> <td></td> </tr> <tr> <td style="text-align:center">2.</td> <td>How was access gained</td> <td></td> </tr> <tr> <td style="text-align:center">3.</td> <td>What precautions have been adopted to prevent recurrence</td> <td></td> </tr> </tbody> </table>	No.	Questions	Description/ Details	1.	When the entry was made		2.	How was access gained		3.	What precautions have been adopted to prevent recurrence	
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<b>About Theft or Burglary</b>	<p>Have any other premises occupied by you been so entered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details:</p>																				
<b>Claims History for the past three (3) years</b>	<p>Have you made any claim for loss by theft for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 15%;">Year</th> <th style="width: 35%;">Premium Paid (RM)</th> <th style="width: 35%;">Claim(s) Incurred</th> <th style="width: 15%;">No. of Claim</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim																
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<b>About Fire Protection on Property</b>	<p>Is the property insured/covered against Fire? If YES, please provide the following details:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 10%;">No.</th> <th style="width: 60%;">Name of Insurer/ Takaful Operator</th> <th style="width: 30%;">Sum Insured/ Covered (RM)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	No.	Name of Insurer/ Takaful Operator	Sum Insured/ Covered (RM)																	
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<b>Has any takaful operator/ insurance company in respect of any of the perils to which this proposal relates to the following questions:</b>	<p>a) Declined to cover/ insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Required special terms to cover/insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Cancelled or refused to renew your takaful/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have answered 'YES' for any of item above, please give details</p>																				

## 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 Proposal has been accepted by Etiqa 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 and providing subsequent service related to it and to communicate with me/us for such purposes.

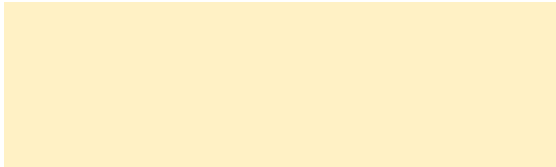
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance via email at PDPA@etiqa.com.my. 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 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 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's Stamp

Date:

## DOCUMENT CHECKLIST

*To be completed by Intermediaries*

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