

Fire Consequential Loss Insurance Proposal Form

Important Notice

- Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, you are required to take reasonable care not to make any misrepresentation when answering any questions in this proposal form or any questionnaires requesting further information or details, that is, you must answer the questions fully and truthfully.
- All questions in this proposal form should be answered and such answers shall be complete and relevant. If there is insufficient space to complete an answer, please attach a signed addendum. Any document attached shall form part of this proposal form.

Company Proposer

Company Name

Company Registration No.

Date of Company Registration

Contact Person

Nature of Business

Phone No. (Office/Mobile)

Fax No.

E-Mail

Correspondence Address

Postcode

Town

State

Details of Insurance Required

1. Period of Insurance from to

2. Nature of Business

3. Location of premise to be insured

Postcode

Town

State

4. Items to be insured

Sum insured

i) On gross profit

i) RM _____

ii) On total wages for the first _____ weeks followed by _____ % for the remainder of the Indemnity Period

ii) RM _____

iii) On Auditor's Fees

iii) RM _____

5. Indemnity Period

6. Specified Working Expenses to be excluded are

i)

ii)

iii)

iv)

v)



BAAZZ

7. Additional Perils (please indicate any Additional Perils to be included)

8. How long has the business been established

9. Do you keep Stock Books and Sales Books and are these regularly entered?

10. Are your books regularly audited? Give the name and address of the Auditor

11. Have you at present any insurance covering Consequential Loss? If so, please give details

12. Has any Company of Insurer in respect of any of the perils to which this proposal relates

- a) Declined to insure you? Yes No
- b) Required special terms to insure you? Yes No
- c) Cancelled or refused to renew your insurance? Yes No

If 'Yes' for any of item above, please give details

13. Have you ever made a claim under a Fire Policy or Consequential Loss policy? If so, please give details

14. Please state total amount of the Insurance covering Fire and perils with all insurance companies on this property to which the insurance is to apply

RM _____

Total annual premiums paid in respect of such insurance : RM _____

Declarations

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 will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date _____

Verification of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original NRIC/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

NRIC / Business Registration Certificaton _____

Date _____

* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

Note:

To retain a copy of NRIC for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____