

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

APPLICATION FORM

PUBLIC LIABILITY

Etiqa General Takaful Berhad (Etiqa General 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 Application 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: | | Office: | |
| | Fax No. | | | Email | | | |
| 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"/> | | | | | |
| | Account Effective Date | | | | | | |

Certificate Information

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|--|--|--|--|--|
| Cover Type Required | <input type="checkbox"/> Annual Certificate | | <input type="checkbox"/> Contract Certificate | |
| Period of Insurance | From <i>(dd/mm/yyyy):</i> | | To <i>(dd/mm/yyyy):</i> | |
| Nature of Business <i>(Please provide if different against same question under Company Proposer)</i> | | | | |
| Jurisdiction Limit | | | Territorial Limit | |
| General Description and Occupation of Premises/ Sites of Contracts | | | | |
| If Premises, state number of building(s) | | | If Contracts, state the contract value (RM) | |

| Occupation of the Building(s) <i>* Delete whichever not applicable</i> | a) Use as Religious institutions, public halls, restaurants or cafes, stadium, cinema, theaters?* <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; state seating capacity: | | | | | | | | | | | | | | |
|--|--|---|-------------------------|------|--|-------------------------|--|--|--|--|--|--|--|--|--|
| | b) Used as Club(s) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; state number of members | | | | | | | | | | | | | | |
| | c) Used as Hotel(s) or Boarding House(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; state number of members | | | | | | | | | | | | | | |
| Location of Premises/ Sites of Contracts | Postcode: _____ | Town: _____ | State: _____ | | | | | | | | | | | | |
| State limit of indemnity required in respect of | a) Any One Accident RM _____ | b) Any One Period of Insurance RM _____ | | | | | | | | | | | | | |
| About Building(s) Occupancy | a) Do you occupy the whole of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide details | | | | | | | | | | | | | | |
| About the Premise(s) | a) If work is carried out within your premises, state your status to the said premises <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | | | | | | | | | | |
| | b) Do you operate a canteen in your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide details | | | | | | | | | | | | | | |
| About appliance, machinery or engine used at the Premise(s) | a) Are all your premises, appliances, machinery, engines and plant in good state of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | b) State particulars of any appliance, machinery or engine used (other than lifts, elevators, escalators, cranes and hoists) | | | | | | | | | | | | | | |
| About storage/ usage of radioactive substances or devices, explosive or chemicals | Do you have storage/ usage of radioactive substances or devices, explosive or chemicals? If YES, provide details <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| About Takaful/ Protection Coverage | a) Do you wish to cover your liability for damage to property caused by Fire or Explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | b) If any of your contract work is sub-let, do you wish to cover your liability for claim arising from the operations of sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide following details: i. Nature of sub - contractors' work: ii. Estimated amount of contracts: | | | | | | | | | | | | | | |
| Give particulars of all Third Party claims made upon you during the last 3 years | <table border="1"> <thead> <tr> <th>Year</th> <th>Description of Third Party Claims Made</th> <th>Name of the Third Party</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> </tbody> </table> | | | Year | Description of Third Party Claims Made | Name of the Third Party | | | | | | | | | |
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DOCUMENT CHECKLIST

To be completed by Intermediaries

| NO | DOCUMENT | DOCUMENT AVAILABILITY | | | |
|----|---|-----------------------|--------------------------|----|--------------------------|
| 1. | Duly Completed Application Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Documentation to support the information needed requested in the Application Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | | 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"/> |
| 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"/> |

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 | |