

**PROPOSAL FORM**
**FIDELITY GUARANTEE**

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>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><br><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"/> |   |                |  |
|  | <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>Nature of Business</b><br><i>(Please provide if different against same question under Company Proposer)</i> |                                  |              |                                |  |
| <b>Location of premises to be insured</b><br><i>(If more than one, state all in a separate document)</i>       | <b>Postcode:</b>                 | <b>Town:</b> | <b>State:</b>                  |  |
| <b>Territorial Limit</b>   |                                  |              |                                |  |

| <b>Schedule of Employees</b>   | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width:10%;">Item</th> <th style="width:40%;">Occupation/ Designation</th> <th style="width:20%;">Limit of Indemnity Any One Occurrence (RM)</th> <th style="width:20%;">Limit of Indemnity in Aggregate (RM)</th> <th style="width:10%;">No. of Employees Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>  | Item                                       | Occupation/ Designation              | Limit of Indemnity Any One Occurrence (RM) | Limit of Indemnity in Aggregate (RM) | No. of Employees Insured |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--------------------------------------|--|--------------------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Item   | Occupation/ Designation   | Limit of Indemnity Any One Occurrence (RM) | Limit of Indemnity in Aggregate (RM) | No. of Employees Insured                   |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |   |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |   |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>State the total number of salaried or wage earning employees of all descriptions classified as follows:</p> | <p>a) Employees having responsibility for money, securities and/ or stock:</p> <p>b) Employees NOT having responsibility for money, securities and/or stock:</p>  |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>About Employees</b>   | <p>a) Has it been your practice before engaging an employee (other than those fresh from school) to satisfy yourself by making enquiry to previous employers that the prospective employee is of trust worthy character? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b) What period (by number of years) of immediate past employment is covered by those enquiries? <span style="float: right;">Year(s)</span></p> <p>c) Will such enquiries be made in respect of future entrants in your service? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>d) Are the employees permitted to engage in any other business or employment? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>  |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>About Your Account(s)</b>   | <p>a) Are your accounts audited by professional accountants? If YES; how often? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b) Is the audit a full and complete one? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>   |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>Please provide supporting document on the Systems and/or Procedures for the following items:</p>            | <p>a) <b>Cash / Cheque Management</b></p> <ul style="list-style-type: none"> <li>i. The number of signatories required to authorize payment and description of such authorized signatories</li> <li>ii. The number of person authorize to sign payment of cash/ cheque and number of authorized signatories for each cheque</li> <li>iii. How often is bank reconciliation statements prepared?</li> </ul> <p>b) <b>Stock Management</b></p> <ul style="list-style-type: none"> <li>i. Frequency of stock checking.</li> <li>ii. Person responsible to carry out stock checks</li> <li>iii. Who keep the stock records?</li> </ul> <p>c) <b>Securities</b></p> <ul style="list-style-type: none"> <li>i. List persons and their designations authorized to deal in securities.</li> <li>ii. Do transactions by custodian require authority of at least two authorizing officials</li> <li>iii. Are securities held in the name of the Company or in the name of a corporation nominee?</li> </ul> |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>About Insurance/ Protection Coverage</b>  | <p>Are you previously or presently covered elsewhere for a Fidelity Guarantee cover? If YES; please provide details <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>   |  |                                      |  |                                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| <b>Claims History for the past three (3) years</b>  | <b>Have you made any claim for loss by theft for the last 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If YES, please provide details:</b> <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: 25%;">Premium Paid (RM)</th> <th style="width: 40%;">Claim(s) Incurred</th> <th style="width: 20%;">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             |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
|---|---|-----------------------------------|--------------------------|-------------------|--------------------------|----|--|--------------------------|-----|--------------------------|----|--|--------------------------|-----|--------------------------|----|--|--|--|--|--|
| Year  | Premium Paid (RM)   | Claim(s) Incurred                 | No. of Claim             |                   |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
|   |   |                                   |                          |                   |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
|   |   |                                   |                          |                   |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
|   |   |                                   |                          |                   |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
|   |   |                                   |                          |                   |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
| <b>Has any takaful operator/ insurance company in respect of any of the perils to which this proposal relates to the following questions:</b> | <table style="width: 100%;"> <tr> <td style="width: 75%;">a) Declined to cover/ insure you?</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> </tr> <tr> <td>b) Required special terms to cover/insure you?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>c) Cancelled or refused to renew your takaful/insurance?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table> <p><b>If you have answered 'YES' for any of item above, please give details</b></p> | a) Declined to cover/ insure you? | <input type="checkbox"/> | Yes               | <input type="checkbox"/> | No | b) Required special terms to cover/insure you? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | c) Cancelled or refused to renew your takaful/insurance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |  |  |  |  |
| a) Declined to cover/ insure you?   | <input type="checkbox"/>  | Yes                               | <input type="checkbox"/> | No                |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
| b) Required special terms to cover/insure you?  | <input type="checkbox"/>  | Yes                               | <input type="checkbox"/> | No                |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |
| c) Cancelled or refused to renew your takaful/insurance?  | <input type="checkbox"/>  | Yes                               | <input type="checkbox"/> | No                |                          |    |  |                          |     |                          |    |  |                          |     |                          |    |  |  |  |  |  |

## 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                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 1. | Duly Completed Proposal Form   | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Documentation to support the information needed requested in the Proposal Form     | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Systems and/or Procedures for Management of Cash/ Cheque, Stock and/ or Securities | 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 |  |