

## Personal All Risk 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.

### Individual Proposer

Title \_\_\_\_\_

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Name \_\_\_\_\_

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MyKad No.	Army / Police / Passport No.
Gender	Date of Birth
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Occupation
Phone No. (Mobile/House/Office)	Fax No.      E-Mail

Correspondence Address \_\_\_\_\_

Postcode	Town	State		
Education Level	<input type="checkbox"/> Primary <input type="checkbox"/> Master	<input type="checkbox"/> Secondary <input type="checkbox"/> Doctorate	<input type="checkbox"/> Diploma <input type="checkbox"/> Professional	<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"/> RM8,001 - RM15,000	<input type="checkbox"/> RM1,501 - RM2,500 <input type="checkbox"/> RM15,001 - RM20,000	<input type="checkbox"/> RM2,501 - RM5,000 <input type="checkbox"/> RM20,001 +	<input type="checkbox"/> RM5,001 - RM8,000

### Details of Coverage Required

- Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

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- Nature of business \_\_\_\_\_

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- Location of property to be insured \_\_\_\_\_

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Postcode	Town	State
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  - Occupation classification of the premises \_\_\_\_\_

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  - Premises occupied as \_\_\_\_\_

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  - Territorial limit \_\_\_\_\_

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\*BAAZZ\*

7. Specification of Properties to be insured

Item	A) On specified property – provide list with Sum Insured*	Sum Insured
Item	B) On unspecified property – no one single item to exceed RM500.00 in value	Sum Insured

\* Note : To be verified by reliable valuer

8. Have you ever proposed for "All Risks" cover or takaful/insurance of the same nature. If yes, provide details  Yes  No

9. Have you made any claim for loss or damage for the last 3 years? If yes, please provide details  Yes  No

10. Are you at present covered/insured under a Householder, Fire, Theft or All Risks certificate/policy in respect of the contents of your residence? If yes, please provide details on name of Takaful operator/Insurer, type of certificate/policy and amount covered/insured  Yes  No

11. Has any takaful operator/insurance company in respect of any of the perils to which this proposal relates

a. Declined to cover/insure you?  Yes  No

b. Required special terms to cover/insure you?  Yes  No

c. Cancelled or refused to renew your takaful/insurance?  Yes  No

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

**Declaration**

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 MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification\*

Name of Officer/Intermediary \_\_\_\_\_

Signature

MyKad No / Business Registration Certification \_\_\_\_\_

Date \_\_\_\_\_

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

Note: To retain a copy of MyKad 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 \_\_\_\_\_

Sales Channel Code : \_\_\_\_\_

Channel : \_\_\_\_\_

Sales Channel Name : \_\_\_\_\_