



To be completed by Branch Staff

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

APPLICATION FORM

COMMERCIAL ALL RISKS

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact 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 Application Form is inaccurate or has changed.

Submission Type	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Organic Growth
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Policy Number <i>(Applicable for Renewal/ Endorsement / Organic Growth)</i>	Agent Code
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Basic Information

Insured Name <i>(Company Name)</i>				
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Company Registration No.	Date of Company Registration	No. of Years in Business
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GST Tax Registration No. <i>(If applicable)</i>	GST Tax Registration Date <i>(If applicable)</i>
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Occupation/ Nature of Business				
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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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Account Effective Date			

Policy Information

Class of Insurance	Product Name
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Period of Insurance	From <i>(dd/mm/yyyy):</i>	To <i>(dd/mm/yyyy):</i>
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Location of Risk / Territorial Limit <i>(if floating or unspecific locations, please decline except for portable item)</i> <i>Please provide the exact location address</i>	Location 1			
	Postcode:	Town:	State:	
	Latitude:		Longitude:	

Location of Risk / Territorial Limit <i>(if floating or unspecific locations, please decline except for portable item)</i> <i>Please provide the exact location address</i>	<u>Location 2</u>				
	Postcode:		Town:		
	Latitude:		Longitude:		
	<u>Location 3</u>				
	Postcode:		Town:		
	Latitude:		Longitude:		
	<u>Location 4</u>				
	Postcode:		Town:		
	Latitude:		Longitude:		
	Type of Property Insured <i>(Tick (✓) whichever is applicable)</i>	<input type="checkbox"/> Personal items other than jewelries, antique & the like <input type="checkbox"/> Personal items including jewelries, antique & the like <input type="checkbox"/> Office equipment, furniture, fixtures & fittings <input type="checkbox"/> Plant, machinery, equipment, tools <input type="checkbox"/> Mould & dies <input type="checkbox"/> Portable item			
		Territorial Limit for portable item <i>(If property insured includes portable item)</i>			
		<input type="checkbox"/> Malaysia <input type="checkbox"/> Malaysia, Singapore & Brunei <input type="checkbox"/> Worldwide			
UNDERWRITING FACTORS (To be completed for each location)					
No. of Location(s) <i>(as listed in Location of Risk column)</i>					
Building Construction Class					
Location Occupied As					
Surrounding Areas					
Sum Insured		Static (RM):		Portable (RM):	
Highest Value Per Item <i>Important Notes:</i> 1. Please attach list if the number of items is more than the five items) 2. If the highest valued item exceeded RM1 million, please provide the detail list of the item		1) Static (RM):		Portable (RM):	
		2) Static (RM):		Portable (RM):	
		3) Static (RM):		Portable (RM):	
		4) Static (RM):		Portable (RM):	
Security Features <i>(Tick (✓) whichever is applicable)</i>		Central Monitoring System (CMS) Yes <input type="checkbox"/> No <input type="checkbox"/>		Collapsible iron grills Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Security Guard (Office hours only) Yes <input type="checkbox"/> No <input type="checkbox"/>		Security Guard (24 hours) Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Security Guard (24hrs & clock in) Yes <input type="checkbox"/> No <input type="checkbox"/>		Security Guard (Armed) Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Panic Button Yes <input type="checkbox"/> No <input type="checkbox"/>		Close Circuit TV (CCTV) Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Lock for doors, windows, grills, any openings Yes <input type="checkbox"/> No <input type="checkbox"/>		Alarm system <i>If Yes, what is the frequency of maintenance?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Other Security Features - please specify		Yes <input type="checkbox"/> No <input type="checkbox"/>	

CLAIMS EXPERIENCE				
<i>If Loss ratio % not available, please provide claims incurred amount and net premium</i>				
1. Policy Loss Ratio		Year	Loss Ratio (%)	Claims Incurred (RM)
		Last 1 Year		
		Last 2 Years		
		Last 3 Years		
		Average 3 Years		
2. If Average Policy Loss Ratio more than 70 %, please provide claims detail as follows.		No.	Date of Loss	Lost Amount (RM)
		1.		Circumstances of Claims
		2.		
		3.		
		4.		
		5.		
What Risk Management has been implemented following these losses? Please submit in a separate sheet.				
3. What other insurance(s) or Takaful(s) do you have with the Company?	Other insurance(s) or Takaful(s):			
	No.	Name of Policy/ Takaful Owned	Name of Insurer/ Takaful Operator	

To be Completed by Authorized Underwriter/ Marketer			
I hereby confirm to the best of my knowledge that the above information is true and shall be the basis of Underwriters' submission of quotation.			
Name		Initial	
Department			
Review Date			

Overall Portfolio Loss Ratio (%)					
Has any takaful operator/ insurance company in respect of any of the perils to which this Application relates to the following questions:	a) Declined to cover/ insure the customer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) Required special terms to cover/insure the customer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c) Cancelled or refused to renew the customer's takaful/insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you have answered 'YES' for any of item above, please give details					

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.	List of Risk Location(s) if any	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	List if the items and its values (if any)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Detail list of the item(s) with the highest valued item exceeded RM1 million	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Details of Risk Management taken for the losses incurred (if any)	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.**
- ** refers to the construction of bridge, wet works, tunneling, deep excavation, elevated highway**

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 cover will not be enforced until and unless this Application has been accepted by Etiqa General Insurance Berhad

- I/We, agree, consent and allow Etiqa General 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.
- I/We, understand and agree that any Personal Data collected or held by Etiqa General Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Insurance to individuals and/or organizations related to and associated with Etiqa General 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 General Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General 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.

- Please provide Etiqa General Insurance with bank account details so that Etiqa General 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 General 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 General Insurance shall be discharged from any existing and future claim and demand in relation to it.

Signature of Applicant / Company's Stamp

Application Date

For Office Use Only

Source (HQ / Branch)		Sales Channel Code	
Channel:		Sales Channel Name	