

PROPOSAL FORM

FIRE CONSEQUENTIAL LOSS INSURANCE

Etiqa General Insurance Berhad ("Etiqa Insurance") is licensed under the Financial Services Act 2013 to transact general business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

INSTRUCTIONS: Before You provide answers and the declaration in this Proposal Form, please read the following Important Notice.

Important Notice:

1. In this Proposal Form, the words "I/We", "You", "Your", "Me/us" or "My/Our", means the Applicant unless the section instructions indicates otherwise.
2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance wholly for the purposes unrelated to Your trade, business or profession, You have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form. You must answer all questions in this Proposal Form fully and accurately.
3. In addition to answering the questions in this Proposal Form, You are required to disclose any other matter that You know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
4. Please seek clarification from the intermediary should You not understand any of the terms and conditions, which relate to the benefits and Your duties under the contract of insurance.
5. Please notify the intermediary or Etiqa General Insurance Berhad of any change in Your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Contact Centre by calling 1300 13 8888 or +603 2297 3888, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
6. If You have a complaint, dispute or feedback in connection with this Proposal, please contact Etiqa General Insurance Berhad, Complaints Unit via e-mail at complaint_cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 6, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
7. If You are dissatisfied with the conduct of Etiqa General Insurance Berhad, You may refer to Bank Negara Malaysia via e-mail at bnmtelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If You dispute a decision made by Etiqa Insurance, You may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
8. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

A. Basic Information

Company Name			
Company Registration No.		Date of Company Registration:	No. of Years in Business:
Service Tax Details (if applicable)	Registration No.	Service Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	Office:
	Fax No.		Email
Address			
	Postcode :	Town :	State :
Bank Account Details	Bank Name		
	Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings Account Effective Date : _____	
	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"/>	

B. Policy Information

Period of Insurance	From (dd/mm/yyyy):	To (dd/mm/yyyy):	
Nature Of Business			
Location of risk			
	Town/City	Postcode	
	State	Country	
Charged / Mortgagee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Of Bank / Employer			
Description of items to be insured :			
Item	Description	Sum Insured (RM)	
i)	On Gross Profit		
ii)	On total wages for the first _____ weeks followed by _____ % for the remainder of the indemnity period		
iii)	On Auditor's Fees		
	Total		
Indemnity Period (Months)			
Specified Working Expenses to be excluded are :	i)		
	ii)		
	iii)		
	iv)		
	v)		
Did You require additional coverage to insure the following extensions?	a) Specified Supplies		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please provide details		
	Suppliers	Situation Of Risk	Dependency Limit (%)
b) Unspecified Supplies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details of the dependency limit (%). Maximum Limit (10%)			

	<p>c) Specified Customers If Yes, please provide details</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Customer's</th> <th style="width:33%;">Situation Of Risk</th> <th style="width:33%;">Dependency Limit (%)</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Customer's	Situation Of Risk	Dependency Limit (%)												
Customer's	Situation Of Risk	Dependency Limit (%)															
	<p>d) Prevention Of Access <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
	<p>e) Public Utilities <input type="checkbox"/> One Utility <input type="checkbox"/> Two Utilities <input type="checkbox"/> Three Utilities</p>																
	<p>f) Infectious or Contagious Diseases, Murder, Suicide, Pest, Food or Drink, Poisoning or Defective Sanitary (Limited to 10% of Sum Insured or RM 10 Million whichever is lower)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>Additional Perils <i>(Please indicate any additional Perils to be included)</i></p>																	
<p>How long has the business been established?</p>																	
<p>Do You keep Stock Books and Sales Books</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are these books regularly entered? <input type="checkbox"/> Yes <input type="checkbox"/> No																
<p>Are Your books regularly Audited?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	<p>Last date of Audit</p>																
	<p>Name and address of the Auditor</p>																
<p>Is there any Bill or Slae on Your stocks?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the amount :																
<p>Please submit along with this policy the audited account for the last 3 years</p>																	
<p>Have You at present any Insurer/Takaful Operator insuring Consequential Loss <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for any of item above please give details</p>																	

<p>Has any Insurer/Takaful Operator Company in respect of any of the peril to which this policy relates to the following questions.</p>	a) Declined to insure / cover you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Required special terms to insure / cover you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Cancelled or refused to renew Your Insurance/Takaful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, for any of the item above, please give details		
<p>Have You ever made a claim under a fire policy / certificate or consequential loss policy / certificate within the last 3 years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, Please give details as follows :-		
	Date Of Loss	Class of Insurance/Takaful	Details of Loss
<p>Please state total amount of the insurance / takaful insuring Fire and perils with all Insurer / takaful operators companies on the property to which this Insurance / Takaful is to apply</p>	<p>RM _____</p> <p>Total annual premiums/contributions paid in respect of such insurance / takaful.</p> <p>RM _____</p>		
<p>Explanatory Notes to Consequential Loss</p> <ol style="list-style-type: none"> 1) Gross Profit - The sum to be insured represents the amount by which (i) the sum of the Turnover and the amount of the Closing Stock, shall exceed (ii) the sum of the Opening Stock, and the amount of the Specified (or Uncovered) Working Expenses. Specified (or Uncovered) Working Expenses are the charges which it is considered will vary proportionately with rise or fall in turnover - the charges which are to be excluded from the Gross Profit Insurance 2) Wages - If the applicant's business is such that all employees would be retained, after a loss, for the full Indemnity Period, then all wages should be insured under the Gross Profit item by not including wages as a specified working expenses. If the full cover above is not necessary, the Applicant may decide to cover wages of all employees for an initial period (minimum 4 weeks) but thereafter to cover only a percentage (minimum 10%) of the wages for the remainder of the Indemnity Period chosen. In this case, known as the Dual Wages Basis, the minimum Indemnity Period is 12 months. The most satisfactory cover of Dual Wages Basis is that the Applicant has the option, at any time after damage has occurred of converting the wages cover to 100% of the wage roll for an extended initial period; the cover thereafter being limited to any savings effected during the alternative period. 3) Auditors Fees - Reasonable fees payable by the Assured to their Auditors for producing and certifying any particulars or details contained in the Assured's books of account or other business books or documents or such other proofs, information or evidence as may be required by the Insurer under the terms of condition 11 of this policy can be insured. 4) Indemnity Period - This should be the Assured's estimate of the maximum period during which a serious interruption might affect the business. To ensure adequate cover, it is necessary to take into consideration of the further time which may elapse after restoration of the material damage before the earnings can be brought back to their normal level, e.g. seasonal nature of turnover. 5) Sum to be Insured - Gross Profit and Wages If the Indemnity Period selected is 12 months or less, the sum insured must be the annual figure. If the Indemnity Period is longer than 12 months, the sum insured must be correspondingly increased. 6) Turnover - The money (less discount allowed) paid or payable to the Assured for goods sold and delivered and for services rendered in course of the business at the premises. 			

C. Beneficial Owner

Other than the policy holder and nominated beneficiary, is there any individual or entity that have control over this policy or will receive benefits from this policy?
 Yes No
 (Mandatory if the question above is answered "Yes")

Name			
NRIC/Passport No.			
Mailing address	Postcode :	Town :	State :
Residential Address (If different from Mailing Address)	Postcode :	Town :	State :
Date of Birth			
Nationality			
Occupation			
Name of Employer			
Contact No.	Home :	Office :	Mobile :

D. Authorised Contact Person(s) of Applicant

	Contact Person 1	Contact Person 2
*Name (As per NRIC or Passport)		
*Gender		
*ID Type Number ID Type (Old NRIC / Birth Cert / Army ID / Police ID / Passport)		
*New NRIC Number		
*Nationality		
*Date of Birth		
*Country of Birth		
*Designation		
*Office Phone Number		
Mobile Number		
Email Address		

***This field is mandatory.**

E. Declaration

1. I/We have read and understand the contents of the proposal, including all notices therein.
2. I/we understand and agree that the contract of insurance that I/We have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa General Insurance Berhad. I/We understand that the contract of insurance will only be issued following the assessment by Etiqa General Insurance Berhad, and provided that the full premium has been received by Etiqa General Insurance Berhad. I/We understand that if the initial premium is paid by cheque, the contract of insurance will only take effect once the cheque has been cleared.
3. I/We understand that failure to take reasonable care in answering the questions may result in avoidance of My/Our contract of insurance, refusal or reduction of My/Our claim(s), change of terms or termination of My/Our contract of insurance.
4. I/We understand that the above duty of disclosure shall continue until the time My/Our contract of insurance is entered into, varied or renewed with Etiqa General Insurance Berhad.
5. I/We understand that I/We have a duty to inform Etiqa General Insurance Berhad immediately that this contract of insurance has been entered into, varied or renewed, whether any of the information given in this Proposal is inaccurate or has changed.
6. I/We agree to notify Etiqa General Insurance Berhad of any change in My/our business which would affect the risk profile during the period of insurance.
7. I/We confirm that the intermediary has fully explained the terms and conditions of the contract of insurance in a language that I/We understand and has presented and provided Me/Us with a product disclosure sheet.
8. I/We agree that any payment by Etiqa General Insurance Berhad to the account details provided by Me/Us in "Bank Account Details" of this Proposal, will be deemed as full payment and Etiqa General Insurance Berhad shall be released and fully discharged from further liability and demand in relation to the payment. I/We confirm that the bank account details are active and maintained in Malaysia.
9. I/We understand that premiums will be subjected to relevant charges or taxes as deemed necessary by the Malaysian tax authorities.
10. Personal Data Protection Act 2010 (PDPA)

I/We agree to allow Etiqa General Insurance Berhad to process My/Our personal data, including sensitive 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 agree that any personal data collected or held by Etiqa General Insurance Berhad, whether contained in this Proposal or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance Berhad to individuals or organizations related to and associated with Etiqa General Insurance Berhad, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this Proposal, 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 Berhad concerning Me/Us. I/We understand that such request can be made by completing the Access Request Form available at all Etiqa General Insurance branches or contacting Etiqa General Insurance Berhad via email at pdpa@etiqa.com.my. I/We understand that in accordance with the provisions of the PDPA, I/We may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of My/Our personal data and that such information shall only be granted upon verification of My/Our identification.

I/We agree that Etiqa General Insurance Berhad share My/Our personal data within the Maybank Group and selected third parties, as Etiqa General Insurance Berhad deems fit, and I/We may receive marketing communication from Etiqa General Insurance Berhad or from these other third parties about products and services that may be of interest to Me/Us. (Please tick Your choice below).

Yes No

Signature of Applicant / Company's Stamp

Date : _____

Signature of Witness

Date : _____

*Witness must be at least 18 years of age and sound mind

F. Document Checklist

To be completed by Intermediaries

No	Document	Document Availability			
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.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

FP/FTFCL/IE/2023V01

G. Office Use Only			
Source		Channel	
Sales Channel Name		Sales Channel Code	