

Policy Information				
Period of Insurance	From (dd/mm/yyyy):		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:	Town:	State:	
	Latitude:		Longitude:	
Interest Insured				
Has any of the storage tank to be insured previously been covered by other insurer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide the item(s) of the machinery and the name Insurer:		
Has your storage tank sustained any damage from breakdown or other cause during last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details of damage(s) and repair cost (RM):		
Claims History for the past three (3) years	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim
Do you wish to insure the foundations of the storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please state the relevant items of the specification		
Do you wish the cover to include extra charges (in case of loss) for?	a) Express freight, overtime, night work, work on public holidays?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b) Air freight?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b)			
Give details of any special extension of cover required				
Maintenance of storage tank	<input type="checkbox"/> Once a month or less <input type="checkbox"/> Every quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Once a year <input type="checkbox"/> Nil			
	Date of last thorough examination of machinery		Who carried out the examination?	
Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have any other storage tank not included in this Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please indicate which Items are excluded and why?		

Please answer the following specifications in respect of values and limits to insure:

Specification	RM
a) Average value of contents any one time (in total)	
b) Maximum Value of contents:	
c) Total Sum Insured for Tanks <i>Please provide breakdown values by types of tanks if so required</i>	
i.	
ii.	
iii.	
iv.	
d) Total values insured for Contents <i>Please provide breakdown values by types of contents if so required:</i>	
i.	
ii.	
iii.	
iv.	

Declaration

1. I have read and understand the contents of the proposal, including all notices therein.
2. I understand and agree that the contract of insurance that I have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa General Insurance Berhad. I 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 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 understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of insurance, refusal or reduction of my claim(s), change of terms or termination of my contract of insurance.
4. I understand that the above duty of disclosure shall continue until the time my contract of insurance is entered into, varied or renewed with Etiqa General Insurance Berhad.
5. I understand that I 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 application is inaccurate or has changed.
6. I agree to notify Etiqa General Insurance Berhad of any change in my business which would affect the risk profile during the period of insurance.
7. I confirm that the intermediary has fully explained the terms and conditions of the contract of insurance in a language that I understand and has presented and provided me with a product disclosure sheet.
8. I agree that any payment by Etiqa General Insurance Berhad to the account details provided by me 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 confirm that the bank account details are active and maintained in Malaysia.
9. I 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
I agree to allow Etiqa General Insurance Berhad to process my 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 agree that any personal data collected or held by Etiqa General Insurance Berhad, whether contained in this application 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 application, providing subsequent service related to it, and to communicate with me for such purposes.
I understand that I have a right to obtain access to, and to request correction of any personal data held by Etiqa General Insurance Berhad concerning me. I 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 PDP@etiqa.com.my. I understand that in accordance with the provisions of the PDP, I may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of my personal data and that such information shall only be granted upon verification of my identification.

Declaration (Cont.)

I agree that Etiqa General Insurance Berhad share my personal data within the Maybank Group and selected third parties, as Etiqa General Insurance Berhad deems fit, and I 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.

Yes No

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 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.	Layout Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

Office Use Only

Source	Channel
Sales Channel Name	Sales Channel Code

Table: Specification of Items To Be Insured

Note:

- 1) Please give full description of all storage tank in column No. 6 including name of manufacturer, type, thickness, internal lining, air vents / tank (if any), Description (cylindrical, spherical, horizontal, vertical, rectangular etc), Describe tank top (fixed or floating etc), Describe relevant equipment connected to tanks, e.g. piping, pumps etc, Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc, material stored etc.
- 2) Replacement value in column No. 10 must be calculated on the current cost of replacing the storage tank by new storage tank of same kind and capacity plus freight charges, custom duties, cost of erection,
- 3) If you also wish to cover the foundations, declare the value of foundations separately for each tank.

Item No.	Contents of tank(s)	Situation of Tank <i>(i.e. at outdoors (ground raised) OR indoors (on which floor), mobile</i>	Type of foundation, if any <i>(e.g. piles used etc)</i>	Type of roof Fixed or Floating	Description of items <i>(See Note 1)</i>	Pressurized? Describe working pressure if any	Heating element? Describe working temperature and source of heating	Year of Manufacture	Replacement Value <i>(See Note 2)</i>	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)