

## PROPOSAL FORM

### CARRIER'S LIABILITY

*Etiqa General Takaful Berhad ("Etiqa General Takaful") is licensed under the Islamic Financial Services Act 2013 to transact both life and 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", "you", "your", "me" or "my", 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 Takaful 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 agent 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 Takaful Berhad of any change in your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Online by calling 1300 13 8888 or +603 2297 3888, or write to Etiqa General Takaful Berhad (9557-T), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, 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 Takaful Berhad, Complaints Unit via e-mail at complaint\_cmu@etiqa.com.my, by calling 1300 13 8888 or +603 2780 4500, 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 Insurance, 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 (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
8. Consumer education programmes on General Takaful and related topics are available on www.insuranceinfo.com.my.
9. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

### Basic Information

<b>Company Name</b>					
<b>Company Registration No.</b>			<b>Date of Company Registration:</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>	<b>Bank Name</b>				
	<b>Account Type</b>	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<b>Account Effective Date :</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"/>			

Certificate Information																																										
Period of Insurance	From (dd/mm/yyyy):		To (dd/mm/yyyy):																																							
Have you achieved a recognized quality standard such as ISO9000 ? If so, please give details.																																										
Are you a member of any trade associates?	FMFF <input type="checkbox"/> Yes <input type="checkbox"/> No Others please specify : _____ _____																																									
Please advise the business activities that you wish to cover under the certificate	Freight Forwarding <input type="checkbox"/> Yes <input type="checkbox"/> No Haulage <input type="checkbox"/> Yes <input type="checkbox"/> No NVOC <input type="checkbox"/> Yes <input type="checkbox"/> No Warehouse keeping <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Please specify below) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____																																									
Do you check annually that your subcontractors have freight liability / goods in transit takaful	<input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Does each customer normally receive a copy of your contract conditions prior to you. undertaking work for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Turnover (Gross Receipt) (Please complete the table )	<table border="1"> <thead> <tr> <th>Type Of Work</th> <th>Contract Conditions</th> <th>Gross Receipt</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b><u>Road</u></b></td> </tr> <tr> <td>Internal own vehicles</td> <td></td> <td>RM</td> </tr> <tr> <td>Internal subcontracted</td> <td></td> <td>RM</td> </tr> <tr> <td>International own vehicles</td> <td></td> <td>RM</td> </tr> <tr> <td>International subcontracted</td> <td></td> <td>RM</td> </tr> <tr> <td>Freight forwarder</td> <td></td> <td>RM</td> </tr> <tr> <td colspan="3"><b><u>Storage</u></b></td> </tr> <tr> <td>Own warehouse</td> <td></td> <td>RM</td> </tr> <tr> <td>Subcontractors warehouse</td> <td></td> <td>RM</td> </tr> <tr> <td colspan="3"><b><u>Sea</u></b></td> </tr> <tr> <td>Freight forwarder</td> <td></td> <td>RM</td> </tr> <tr> <td>Contracting Carrier / NVOC</td> <td></td> <td>RM</td> </tr> </tbody> </table>			Type Of Work	Contract Conditions	Gross Receipt	<b><u>Road</u></b>			Internal own vehicles		RM	Internal subcontracted		RM	International own vehicles		RM	International subcontracted		RM	Freight forwarder		RM	<b><u>Storage</u></b>			Own warehouse		RM	Subcontractors warehouse		RM	<b><u>Sea</u></b>			Freight forwarder		RM	Contracting Carrier / NVOC		RM
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<b>General Documentation</b> (Do you issue any of the following – if so please attach a copy)	<b>Bills of Lading</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Air waybills (including house bills)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Combined transport documents</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																												
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<b>Area of operation</b>	<b>Limit of Liability : RM</b> _____ <b>What percentage of your turnover involves work to, from or via the following</b> <b>Malaysia</b> _____ % <b>Asean Region</b> _____ % <b>China</b> _____ % <b>Others (Please list main destination below)</b> _____ % _____																												

<b>Warehouse (Location 1)</b>	<p>Address : _____</p> <p>_____</p> <p>What is the approximate storage capacity of the warehouse ? _____ tonnes</p> <p>Is the building fitted with an intruder alarm ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the alarm notify the police electronically when it is activated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the site securely enclosed by a fence / gated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please give detail of other security feature <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Warehouse (Location 2)</b>	<p>Address : _____</p> <p>_____</p> <p>What is the approximate storage capacity of the warehouse ? _____ tonnes</p> <p>Is the building fitted with an intruder alarm ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the alarm notify the police electronically when it is activated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the site securely enclosed by a fence / gated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please give detail of other security feature <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>
<b>Warehouse (Location 3)</b>	<p>Address : _____</p> <p>_____</p> <p>What is the approximate storage capacity of the warehouse ? _____ tonnes</p> <p>Is the building fitted with an intruder alarm ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the alarm notify the police electronically when it is activated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the site securely enclosed by a fence / gated ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please give detail of other security feature <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>
<b>Vehicle Security</b>	<p><b>For any vehicles or trailers operate by you please provide the following :</b></p> <p><b>How many vehicles are fitted with :</b></p> <ul style="list-style-type: none"> <li>• Tracking system _____</li> <li>• Alarm _____</li> <li>• Immobilisers _____</li> </ul>

<p><b>Vehicle Security</b> (Cont.)</p>	<p>Are loaded vehicles or trailers left unattended ? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes please answer the following :</p> <p>Vehicles (loaded and unattended) <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you remove the keys from the vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you use any alarm/immobilisers (where fitted) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where are they normally parked (please provide details of security)                  _____                  _____</p>
<p><b>Vehicle Security</b></p>	<p><b>Trailers (loaded and unattended)</b></p> <p>Do you fir kingpin locks or other anticoupling devices ? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Where are they normally parked (please provide details of security)                  _____</p>
<p><b>Previous Takaful Cover</b></p>	<p>Have you taken up similar certificate previously ? <input type="checkbox"/> Yes <input type="checkbox"/> No                  (If yes, please give details)                  _____                  _____</p>
<p><b>Have there been any loss in the past 5 year. If yes, please give details</b></p>	
<p><b>Has any insurer/takaful operator in respect of such takaful :</b></p>	<p><b>Declined proposal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Cancelled or refused to renew your policy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Required an increased contribution on renewal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  (If so, please give details)                  _____                  _____</p>
<p><b>Any kind of compulsory contractual agreements ?</b></p>	

**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 takaful that I have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa General Takaful Berhad. I understand that the contract of takaful will only be issued following the assessment by Etiqa General Takaful Berhad, and provided that the full premium has been received by Etiqa General Takaful Berhad. I understand that if the initial premium is paid by cheque, the contract of takaful 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 takaful, refusal or reduction of my claim(s), change of terms or termination of my contract of takaful.
4. I understand that the above duty of disclosure shall continue until the time my contract of takaful is entered into, varied or renewed with Etiqa General Takaful Berhad.
5. I understand that I have a duty to inform Etiqa General Takaful Berhad immediately that this contract of takaful has been entered into, varied or renewed, whether any of the information given in this proposal is inaccurate or has changed.
6. I agree to notify Etiqa General Takaful Berhad of any change in my business which would affect the risk profile during the period of takaful.
7. I confirm that the intermediary has fully explained the terms and conditions of the contract of takaful 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 Takaful Berhad to the account details provided by me in "Bank Account Details" of this Proposal, will be deemed as full payment and Etiqa General Takaful 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 Takaful 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 Takaful Berhad, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Takaful Berhad to individuals or organizations related to and associated with Etiqa General Takaful 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 Takaful Berhad concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Insurance Berhad branches or contacting Etiqa General Takaful Berhad via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, 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.

I agree that Etiqa General Takaful Berhad share my personal data within the Maybank Group and selected third parties, as Etiqa General Takaful Berhad deems fit, and I may receive marketing communication from Etiqa General Takaful Berhad or from these other third parties about products and services that may be of interest to me.

Yes  No

## 11. Takaful Aqad

I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and upon payment of the contribution, I/We am/are entitled to the Takaful cover as per terms and conditions contained in the Takaful Certificate.

I/We agree to the Wakalah concept, whereby I/We nominate EGTB to act on My/Our behalf to invest and manage the General Takaful Fund (Fund). Accordingly, I/We agree to pay the upfront Wakalah Fee (as shown in the Product Disclosure Sheet and the Takaful Certificate) to EGTB, as a deduction from contribution, to cover the expenses of managing and investing the Fund.

I/We agree to authorize EGTB to delegate any rights, duties and obligations to any third party as EGTB deems fit for the purpose of achieving the objective to invest and manage the Fund, provided that, EGTB will remain liable and responsible for all such rights, duties and obligations towards Me/Us.

I/We understand that at the end of each financial year, the distributable surplus (if any) from the Fund will be determined solely by EGTB. If the calculated amount is a surplus and not a deficit, 10% of the calculated surplus will be retained in the Fund based on the principle of Tabarru' so as to ensure its long-term viability and the remainder of 90% of the calculated surplus will be considered as distributable surplus. The 10% of the calculated surplus is subject to review on an annual basis by EGTB. We agree that 50% of the distributable surplus (if any) will be paid to EGTB for operating and managing the Fund based on the contract of Ju'alah. The balance of 50% will be shared amongst participants whose Takaful certificates have not terminated and who have not made any claim prior to the expiry of their takaful certificates.

In the event of insufficient balance in the Fund to pay our Takaful Benefits during the period of Takaful, EGTB will make good the balance in the Fund under the principle of Qard (interest free-loan) from the shareholder's fund provided that the insufficiency is not due to EGTB's negligence. If the insufficiency is due to EGTB's negligence, EGTB will make the outright transfer for the insufficiency under the principle of Hibah (gift). I/We further agree that our future surplus arising from the Fund during our Takaful period can be used to pay for outstanding Qard to EGTB

I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00), it will automatically be credited to charitable fund, which will be utilized as Amal Jariah on My/Our behalf. The fund will be distributed to eligible recipients as approved by Shariah Committee for charitable purposes.

**Declaration (Cont.)**

\_\_\_\_\_  
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.		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.*

**Office Use Only**

Source		Channel	
Sales Channel Name		Sales Channel Code	