

PROPOSAL FORM

PORT OPERATORS LIABILITY TAKAFUL

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

Company Name					
Company Registration No.	Date of Company Registration:		No. of Years in Business:		
Occupation/ Nature of Business					
Contact Details	Phone	Mobile:	House:		Offi
	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"/> <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):			
State Location of Premise(s) to be Insured <i>If more than one, state all in a separate document</i>	Postcode:	Town:	State:		
Services (a) : Type of operation performed by you (please tick those relevant to you)	Stevedoring <input type="checkbox"/> Marine terminal operator <input type="checkbox"/> Container/trailer freight station <input type="checkbox"/> Container /trailer storage <input type="checkbox"/> Inland Clearance Depot (ICD) <input type="checkbox"/> Airfreight terminal/depot <input type="checkbox"/> Warehousing <input type="checkbox"/> Emergency (e.g. Fire) <input type="checkbox"/> Other (please specify subcontracted out?)	Local collection and delivery <input type="checkbox"/> Depot operator <input type="checkbox"/> Equipment repair / refurbishment <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Advice to other operators <input type="checkbox"/> Operating a chassis pool <input type="checkbox"/> Security (e.g. Police) <input type="checkbox"/> Bunkering <input type="checkbox"/>	Are any services subcontracted out ? <input type="checkbox"/> Yes (Specify Which) <input type="checkbox"/> No Please attach a copy of the latest annual report and plan of the port/terminal, its boundaries and confines.		
Services (b) : Warehousing Only answer this part of the question if you provide warehousing or storage of any cargo (Other than containerized cargo)	1. What is your responsibility for the cargo stored ? i) No responsibility (if YES, please move to section Contract/Indemnities) <input type="checkbox"/> Yes <input type="checkbox"/> No ii) Responsible only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security ? <input type="checkbox"/> Yes <input type="checkbox"/> No iii) Responsible for care, custody and control all cargo, but no responsibility for force majeure? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) Responsible for care and control of all cargo, including responsibility for force majeure ? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Please provide estimated maximum value of goods stored at any one time: USD _____ 3. What % of your total revenue is generated by warehousing operations ? _____ % 4. Do all warehouses have sprinklers are fire detection systems? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please attach details of your fire detection measures 5. If there a fire main throughout the site? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is there an emergency fire pump or suitable reserve power supply to ensure there is fire-fighting water at all times ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contract / Indemnities (a) Contract with customer (for example shipping lines)	Do you have any of the following contracts with your customer(s)? and if so, please indicate the extend of any liability for your negligence (please tick relevant box)				
		Limited liability iro negligence	Unlimited Liability iro negligence	No Liability	Other
No Contract	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Standard Contract	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No

Contract / Indemnities (b) Contract with customer (for example shipping lines) (Cont.)	<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width:30%;"></td> <td style="width:20%; text-align: center;">Limited liability iro negligence</td> <td style="width:20%; text-align: center;">Unlimited Liability iro negligence</td> <td style="width:20%; text-align: center;">No Liability</td> <td style="width:10%; text-align: center;">Other</td> </tr> <tr> <td>Individual user agreements</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> </tr> <tr> <td>Port tariff / Act / bylaws</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> <td style="text-align: center;">Yes/ No</td> </tr> </table> <p>If "other" is ticked, please give details.</p>		Limited liability iro negligence	Unlimited Liability iro negligence	No Liability	Other	Individual user agreements	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Port tariff / Act / bylaws	Yes/ No	Yes/ No	Yes/ No	Yes/ No																													
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Contract / Indemnities (c) Other Contract	<p>Have you indemnified another person for his negligence under any agreement (e.g. for equipment, land or Buildings)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please give details separately.</p> <p>Have you waived rights of recourse against another person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please give details separately.</p>																																												
Contract / Indemnities (d) Subcontractors	<p>Is there a requirement in your contract with subcontractors that they have adequate liability and property Takaful Cover.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what is the minimum limit that you require ? _____ USD</p> <p>Do you check annually that all subcontractors maintain and renew their Takaful Cover?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note : There is a policy requirement that your subcontractors purchase and maintain adequate liability and property Takaful Cover, and that you review those policies annually.</p>																																												
Volumes	<p>a) Please advise cargo throughout <u>per Policy Year</u>:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:15%; text-align: center;">Last Year</th> <th style="width:15%; text-align: center;">Current Year</th> <th style="width:10%; text-align: center;">Next Year (Estimate)</th> </tr> </thead> <tbody> <tr><td>TEUs</td><td></td><td></td><td></td></tr> <tr><td>Break Bulk (Tonnes)</td><td></td><td></td><td></td></tr> <tr><td>Dry Bulk (Tonnes)</td><td></td><td></td><td></td></tr> <tr><td>Wet Bulk (Tonnes)</td><td></td><td></td><td></td></tr> <tr><td>Automobiles</td><td></td><td></td><td></td></tr> <tr><td>Passengers</td><td></td><td></td><td></td></tr> <tr><td>Others (Please Specify Below)</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Others : _____</p> <p>b) What is your annual revenue?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%; text-align: center;">Last Year</th> <th style="width:33%; text-align: center;">Current Year</th> <th style="width:34%; text-align: center;">Next Year (Estimation)</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> </tbody> </table>		Last Year	Current Year	Next Year (Estimate)	TEUs				Break Bulk (Tonnes)				Dry Bulk (Tonnes)				Wet Bulk (Tonnes)				Automobiles				Passengers				Others (Please Specify Below)				Last Year	Current Year	Next Year (Estimation)									
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Volumes (Cont.)	<p>c) How many vessel cells per annum? Please provide figures broken down into size of vessel :</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:20%;">Last Year</th> <th style="width:20%;">Current Year</th> <th style="width:20%;">Next Year (Estimation)</th> </tr> </thead> <tbody> <tr> <td>Up to 5,001 GT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5,001 – 15,000 GT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Over 15,000 GT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Last Year	Current Year	Next Year (Estimation)	Up to 5,001 GT				5,001 – 15,000 GT				Over 15,000 GT			
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Up to 5,001 GT																	
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Over 15,000 GT																	
Risk Management	<p>a) Do you have a property and equipment maintenance programme ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Do you have staff training programme ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Do you security precautions include :</p> <p style="margin-left: 20px;">i. 24 hours security guards ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">ii. All buildings / perimeter fences / gates alarmed ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">iii. Close circuit TC ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">iv. Continual documentation security checks ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">Others ? Please attach details.</p> <p>d) Can you provide us with a copy of a recent survey of your facilities ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Are there any revisions to the loss prevention / risk management measures in a) to c) above envisaged / planned during the policy period ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If Yes, please <u>attach</u> details.</p> <p>f) Is the International Ship & Port Facility Security Code applicable to you and if so, are you compliant ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
Handling Equipment	<p>Please provide the aggregate value for the current year and next year and attach a schedule showing against each item, description, value, and age.</p> <p>Are you declared value based on :</p> <p>New replacement value ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Market value ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Depreciated (book) value ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide your estimates maximum Possible Loss. RM _____</p>																
Property	<p>Please provide a summary of property values broken down as follows :</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:30%;">Sum Covered (USD)</th> </tr> </thead> <tbody> <tr> <td>Wharves, Quays and Jetties</td> <td></td> </tr> <tr> <td>Buildings</td> <td></td> </tr> <tr> <td>Warehouse / storage Facilities</td> <td></td> </tr> </tbody> </table> <p>Please also attach a schedule with description, values, age, location including details of construction and details extinguishing appliances / sprinklers:</p> <p>Please itemize separately (together with the location) any single structure where the covered value is in excess of 30,000,000:</p> <p>Please itemize separately (together with location) any property outside the confines of the port;</p>		Sum Covered (USD)	Wharves, Quays and Jetties		Buildings		Warehouse / storage Facilities									
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Property (Cont.)	<p>Please provide your estimated Maximum Possible Loss. RM _____</p> <p>Limit of liability required : RM _____</p>
Claims History	<p>Please attach separate Liability claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also details of any outstanding claims and litigation.</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 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.

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.

Declaration (Cont.)

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.

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	