

## FIRE RESIDENTIAL CONTRACT OF INSURANCE APPLICATION FORM

Etiqa General Insurance Berhad (“Etiqa General 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 Application Form, please read the following IMPORTANT NOTICE.**

**IMPORTANT NOTICE:**

1. In this application 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 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 Application Form. You must answer all questions in this Application Form fully and accurately.
3. In addition to answering the questions in this Application 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 agent or us 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 Insurance Berhad (197001000276), Level 13, Tower B, 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 application, please contact our 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 2297 1919, 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 our conduct, you may refer to Bank Negara Malaysia via e-mail at bnmlink@bnm.gov.my, by calling 1300 88 5465, by facsimile to 03 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 us, 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. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

**INSTRUCTIONS: Please answer all questions in Section A.**

### A. INDIVIDUAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Datuk <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Tun <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datin Seri <input type="checkbox"/> Datin <input type="checkbox"/> Dr <input type="checkbox"/> Puan Sri <input type="checkbox"/> Toh Puan    _____					
*Name (As per NRIC/ Passport)						
*Date of Birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
*ID Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old Identity Card		<input type="checkbox"/> Other _____			
*ID Number						
*Nationality	<input type="checkbox"/> Malaysia <input type="checkbox"/> Other _____					
*Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Other _____			
*Occupation	<input type="checkbox"/> Manager/Senior Executive <input type="checkbox"/> Pensioner <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Officer/Executive <input type="checkbox"/> Business Owner <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Teacher/Lecturer <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____					
*Nature of Self Employment						
*Mailing Address						
	Town/City		Postcode			
	State		Country			
*Telephone Numbers	Mobile		House		Office	
Email Address						

\* Mandatory fields to be completed

**INSTRUCTIONS: When applying for a company or entity, please complete Section B.**

**B. COMPANY OR ENTITY DETAILS**

Company Name			
Nature of Business			
Company Registration Number		Date of Company Registration <i>(dd/mm/yyyy)</i>	□□/□□/□□□□
Contact Person			
Company Address	Town/City		Postcode
	State		Country
	Telephone Number		Facsimile Number
Email Address			

**INSTRUCTIONS: Please provide details of the Building in Section C.**

**C. INSURANCE RISK DETAILS**

1. Period of Insurance <i>(dd/mm/yyyy)</i>	From □□/□□/□□□□	To □□/□□/□□□□	
2. Location	Town/City		Postcode
	State		Country
	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank/Employer		
4. Type	<input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Flat <input type="checkbox"/> Terrace <input type="checkbox"/> Other <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Studio <input type="checkbox"/> Bungalow		
5. Construction	Walls	<input type="checkbox"/> Bricks <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	
	Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Tiles <input type="checkbox"/> Zinc <input type="checkbox"/> Other _____	
	Floor	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	
6. Number of storey for landed building	<input type="checkbox"/> 1 storey <input type="checkbox"/> 1 ½ storeys <input type="checkbox"/> 2 storeys <input type="checkbox"/> 2 ½ storeys <input type="checkbox"/> 3 storeys <input type="checkbox"/> More than 3 storeys		
7. Build up area	_____ square feet or _____ square meter		
8. Year of construction	□□□□	Rewired in the past 10 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Types of extended cover required with additional premium	Tick (v) if additional benefit is required.		
	Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Storm and Tempest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Earthquake and Volcanic Eruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subsidence and Landslip Standard cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Explosion		
a) Without boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b) With boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impact Damage			

	a) Including own vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No b) Excluding own vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Bush/Lallang Fire <input type="checkbox"/> Yes <input type="checkbox"/> No Aircraft Damage <input type="checkbox"/> Yes <input type="checkbox"/> No Riot, Strike and Malicious Damage For residential properties <input type="checkbox"/> Yes <input type="checkbox"/> No Bursting and Overflowing of Water Tanks Apparatus or Pipe a) Building exceeding 5 storey including mezzanine <input type="checkbox"/> Yes <input type="checkbox"/> No b) Other <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Type of residency	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Holiday House <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____
11. Details of any profession, business or trade carried on in the building or in any portion of the building	
12. Building will be left unoccupied continuously for more than 90 days in the Period of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Security measure	All outside doors and windows have locks and deadlocks <input type="checkbox"/> Yes <input type="checkbox"/> No All outside windows up to three storeys have security grilles <input type="checkbox"/> Yes <input type="checkbox"/> No All outside access points are covered by CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No Alarm system and CCTV (if any) connected to 24-hour response service <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent security guard <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Detail of any claim(s) you have made, or losses that you have experienced in the last two years, relating to a building and/or contents. Please include location of building and/or contents if not the insured building and/or contents above, nature and cause of claim(s), date of claim(s) and amount claimed	

#### D. INSURANCE RISK SUM INSURED DETAILS

Description of building to be insured

Item	Description	Sum to be insured (RM)
1A	Buildings Excluding Foundation	
1B	Buildings Including Foundation	
2	Rent _____ Months	
3	Fixtures and Fittings	
4	Household Furniture & Personal Effect	
5	Removal of Debris	
6	Architects, Surveyors and Consulting Engineers Fees	
7	Other	
	<b>Total</b>	

**INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of premium or claims, if any.**

**E. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT**

Bank Name	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current
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"/>
Name as used for Account	

**INSTRUCTIONS: Please provide us your Maybank account or credit card details for payment of premium. Please only select one (1) option.**

**F. PAYMENT METHOD**

I wish to pay my premium RM \_\_\_\_\_ Payment date /

By:  Cash  
 Cheque (Please cross the cheque and made payable to 'Etiqa General Insurance Berhad')

Bank	Cheque Number	Cheque Date	Amount (RM)

Credit Card Cardholder's Name \_\_\_\_\_  Visa  Master Card  
  Credit Card Expiry Date / (mm/yy)

**INSTRUCTIONS. Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 13 where you must select the option to agree (Yes) or disagree (No)**

**G. DECLARATIONS**

1. I have read and understand the contents of the application, including all notices therein.
2. I understand that the purchase of any extended cover (as identified in Section D, question 9) is not compulsory and is at my sole discretion.
3. 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 Insurance. I understand that the contract of insurance will only be issued following the assessment by Etiqa Insurance, and provided that the full premium has been received by Etiqa Insurance. 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.
4. 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.
5. 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 Insurance.
6. I understand that I have a duty to tell Etiqa General Insurance 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.
7. I confirm that the agent 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 to the account details provided by me in Section E of this application, will be deemed as full payment and Etiqa General Insurance shall be released and fully discharged from further liability and demand in relation to the payment. I confirm that the bank account details in Section E is active and maintained in Malaysia.
9. I understand that this application is in respect of a building and/or contents occupied solely for residential purposes or residential and domestic office purposes. No manufacturing or deposit or storage of merchandise may be allowed in any portion of the building.
10. I confirm that the total sums insured provided in Section D, are not less than the current market value of the building, and/or contents.
11. I understand that premiums will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.
12. I understand that the policy is automatically cancelled unless the full premium is paid to Etiqa General Insurance within 60 days from commencement date of cover.
13. **PERSONAL DATA PROTECTION ACT 2010**  
I agree to allow Etiqa General Insurance 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 Insurance, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance to individuals or organizations related to and associated with Etiqa Insurance, 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 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 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 General Insurance Online 1 300 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 Insurance share my personal data within the Maybank Group and selected third parties, as Etiqa General Insurance deems fit, and I may receive marketing communication from Etiqa General Insurance or from these other third parties about products and services that may be of interest to me.

Yes  No

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE**

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	