MOTOR 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 indicate 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 Oneline 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	☐ Mr ☐ Datuk Seri ☐ Datuk ☐ Dato' ☐ Tan Sri ☐ Tun ☐ Others
	☐ Ms ☐ Datin Seri ☐ Datin ☐ Dr ☐ Puan Sri ☐ Toh Puan _____
*Name (As per NRIC/ Passport)	
*Date of Birth (dd/*mm*/yyyy)	☐☐/☐☐/☐☐☐☐ Gender ☐ Male ☐ Female
*ID Type	☐ New NRIC ☐ Others _____ ☐ Old Identity Card
*ID Number	
*Nationality	☐ Malaysian ☐ Others _____
*Marital Status	☐ Single ☐ Married ☐ Others _____
*Occupation	☐ Manager/Senior Executive ☐ Pensioner ☐ Self-employed ☐ Housewife ☐ Student ☐ Officer/Executive ☐ Business Owner ☐ Skilled Worker ☐ Teacher/Lecturer ☐ Clerical ☐ Others _____
*Mailing Address	
	Town/City _____ Postcode _____
	State _____ Country _____
*Telephone Number	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	*New		Date of Company Registration (dd/mm/yyyy)	□□ / □□ / □□□□
	Old		Date of Company Registration (dd/mm/yyyy)	□□ / □□ / □□□□
Contact Person						
Company Address						
	Town/City			Postcode		
	State			Country		
Contact Details	Telephone Number			Facsimile Number		
Email Address						

* Mandatory fields to be completed.

INSTRUCTIONS: Please provide details of the vehicle in Section C.

C. VEHICLE DETAILS

1.	Period of Insurance (dd/mm/yyyy)	From □□ / □□ / □□□□ To □□ / □□ / □□□□

2.	Type of Vehicle	☐ Private Car ☐ Motorcycle ☐ Commercial Vehicle
		☐ A Permit ☐ C Permit

3.	Use of Vehicle	☐ Private ☐ Business

4.	Vehicle Type	☐ Recondition ☐ Complete Built Up (CBU)
		☐ Local ☐ Complete Knock Down (CKD)

5.	Vehicle Registration Number		10.	Seating Capacity (including driver)	
6.	Make		11.	Engine Number	
7.	Model		12.	Chasis Number	
8.	Engine Cubic Capacity/Tonnage		13.	Date Vehicle Purchased	
9.	Year of Manufacture		14.	Vehicle Purchase Price	

15.	Hire Purchase Owner/Employer	☐ Yes ☐ No
	Name of Bank/Employer	If Yes, please provide details _____

16.	Vehicle located at the same address as the Applicant address	☐ Yes ☐ No
		If No, give the following details Address
		Town/City _____ Postcode _____
		State _____ Country _____

17.	Usual parking of vehicle at night	☐ Locked Garage
		☐ Unlocked Garage ☐ Open Public Car Park
		☐ Locked Compound ☐ Secure Public Car Park
		☐ Unlocked Compound ☐ Public Road

18.	Anti-Theft device installed	☐ Yes ☐ No		
		If Yes, tick (√) below where applicable		
		☐ Sandblasting	☐ Tracking Device	☐ Gear or Steering Lock
		☐ Immobilizer	☐ Alarm	☐ None
19.	Safety Features	Please tick (√) below where applicable		
		Air Brake System (ABS) ☐ Yes ☐ No		
		Airbags :		
		Driver's side ☐ Yes ☐ No More than 2 ☐ Yes ☐ No		
		Passenger side ☐ Yes ☐ No None ☐ Yes ☐ No		
20.	The vehicle was modified for the purpose of speed and or acceleration beyond the manufacturer's specification (excluding change of engine capacity).	☐ Yes ☐ No		

INSTRUCTIONS: Please provide details of named drivers including the Applicant.

D. ADDITIONAL DRIVER DETAILS

Note: Personal details of Applicant is not required (as identified in Section A).

		1st Driver	2nd Driver	3rd Driver
1.	Name (As per NRIC/Passport)	The Applicant		
2.	Gender		☐ Male ☐ Female	☐ Male ☐ Female
3.	NRIC/Army/Police/Passport Number			
4.	Date of Birth (dd/mm/yyyy)		☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐
5.	Occupation			
6.	Relationship to the Applicant	☐ Parent/Parent-in-law ☐ Spouse ☐ Child ☐ Sibling/ Sibling-in-law/ Cousin/Relative (Aunt/ Uncle/Niece/Nephew & etc) ☐ Friend/Co-worker	☐ Parent/Parent-in-law ☐ Spouse ☐ Child ☐ Sibling/Sibling-in-law/ Cousin/Relative (Aunt/ Uncle/Niece/Nephew & etc) ☐ Friend/Co-worker	☐ Parent/Parent-in-law ☐ Spouse ☐ Child ☐ Sibling/Sibling-in-law/ Cousin/Relative (Aunt/ Uncle/Niece/Nephew & etc) ☐ Friend/Co-worker
7.	Driving Experience	_____ Years	_____ Years	_____ Years
8.	Type of Driving License Private Car	☐ Full ☐ P ☐ No license ☐ L	☐ Full ☐ P ☐ No license ☐ L	☐ Full ☐ P ☐ No license ☐ L
9.	Number of at fault claims experience for the past 3 years (excluding windscreen claim)	☐ 1 ☐ 2 or more	☐ 1 ☐ 2 or more	☐ 1 ☐ 2 or more
10.	Number of traffic conviction charged by court (excluding parking fines) for the past 5 years	☐ 0 ☐ 1 ☐ 2 ☐ 3 - 4 ☐ 5 or more	☐ 0 ☐ 1 ☐ 2 ☐ 3 - 4 ☐ 5 or more	☐ 0 ☐ 1 ☐ 2 ☐ 3 - 4 ☐ 5 or more

E. POLICY COVERAGE

1. Type of Cover Required	☐ Comprehensive	☐ Third Party, Fire and Theft	☐ Third Party Only
2. Sum Insured	RM _____		

3. Additional Benefit with additional Premium

Tick (√) if additional benefit is required

☐ Windscreen (RM) _____	☐ Vehicle Accessories (RM) _____
☐ Strike, Riot and Civil Commotion	☐ Limited Special Perils (Flood, Storm and Tempest only)
☐ Legal Liability to Passengers	☐ All Drivers (for Company Private Car only)
☐ Legal Liability of Passengers for negligence Acts	☐ All Riders (for Motorcycle only)
☐ NCD Relief	☐ New Spare Part Replacement Cover (for vehicle aged 5 to 15 years)
☐ Gas Conversion Kit (RM) _____	☐ Basic Personal Accident (for Motorcycle only)
☐ Smart Key Replacement Cover (Sum Insured up to RM3,000) RM _____	☐ Commercial PA (Driver Only) (for commercial vehicle only)
☐ Drive Less Save More (DLSM) (Non-Tariff)	☐ Commercial PA (Driver and Attendant) (for commercial vehicle only)
☐ Compensation Loss of Use	

Tick (√) the allowances required
Allowance per day (RM) - maximum 10 days

☐ 50 ☐ 100 ☐ 150 ☐ 200

☐ Car Re-Spray Cover (for vehicle aged 10 years and below)

Tick (√) the Sum Insured (RM) required

☐ 1,000 ☐ 1,500 ☐ 2,500

☐ Child Car Safety Seat (Non-Tariff)

Tick (√) the number of units to be insured

☐ 1 unit ☐ 2 units ☐ 3 units

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

F. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT

Bank Name	
Account Type	☐ Saving ☐ Current
Account Number	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Name as used for Account	

INSTRUCTIONS: Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 13 below 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 E, Policy Coverage) is not compulsory and is at my sole discretion.

3. 3.1. I understand and agree that the policy of insurance that I have applied for shall, after assessment by Etiqa General Insurance, only be valid when:-
    - (i) the full premium has been paid and successfully received by Etiqa General Insurance; and
    - (ii) when the policy of insurance is issued by Etiqa General Insurance.

    3.2. I understand that the commencement of the policy is as stated in the policy issued to me by Etiqa General Insurance.

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 General 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 F of this Application Form, 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 F is active and maintained in Malaysia.

9. I understand that it is an offence under the law of the Republic of Singapore to enter the country without extending passenger liability cover to my motor insurance. I confirm that the passenger liability cover is sufficient if I intend to travel to Singapore with my vehicle.

10. I confirm that I have insured my vehicle for a sum not less that its market value, as I am liable to bear a ratable proportion of the loss in the event that the sum insured at the time of the loss is less than the market value by 10%.

11. I agree that in the event that my vehicle is involved in an accident and gives rise to a claim, my vehicle must be removed to motor repair workshops which has been selected and approved by Etiqa General Insurance or by PIAM Approved Repairers Scheme (PARS) for repairs.

12. I understand that premiums will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.

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 General 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 General Insurance, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurance companies or retakaful operators, 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 Oneline 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, consent and allow Etiqa General Insurance to share my Personal Data with Maybank Group, Etiqa General Insurance's agents or strategic partners and other third parties ("other entities") as Etiqa General Insurance deems fit.

    I agree to receive marketing communication from Etiqa General Insurance or from these other entities about products and services that may be of interest to Me.

    ☐ Yes   ☐ No

    _____   _____
    Signature of Applicant/Company Stamp   Date

FOR OFFICE USE

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	