

To be completed by Branch Staff

- EIW Ref. No:
- Policy/ Certificate No:

APPLICATION FORM

PUBLIC LIABILITY

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Application Form is inaccurate or has changed.

Basic Information											
Company Name											
Company Registration No.		Date of Company Registration:						No. of Years in Business:			
GST Tax Details (If applicable)	Registration	No.				GST T	ax Registration Date				
Occupation/ Nature of Business											
Contact Details	Phone	one Mobile:				House:			Office:		
	Fax No.				Email						
Address											
	Postcode:			Town:			State) :			
Bank Account Details	Bank Name										
(Current or Savings Account)	Account Type			Current Savings							
	Account Number										
	Account Effective Date										
Policy Information	ı			I							
Cover Type Required	Ann	ual Policy					Contract Policy	,			
Period of Insurance	From (dd/mi	m/yyyy):				То	(dd/mm/yyyy):				
Nature of Business (Please provide if different against same question under Company Proposer)		'				'	,				
Jurisdiction Limit	Territorial Limit										
General Description and Occupation of Premises/ Sites of Contracts						·	,				
	If Premises, state number of building(s)					If Contracts, state the contract value (RM)					



Occupation of the Building(s) * Delete whichever not applicable	a) Use as Religious ins cinema, theaters?*If YES; state seating	Yes	No No						
	b) Used as Club(s) If YES; state numbe	Yes	No No						
	c) Used as Hotel(s) or If YES; state numbe	Yes	No						
Location of Premises/ Sites of Contracts									
	Postcode:	Town:	s	tate:					
State limit of indemnity required in respect of	a) Any One Accident	RM	b) Any One Period of Insurance	RM					
About Building(s) Occupancy	a) Do you occupy the lif NO, provide detail	Yes	□ No						
About the Premise(s)	About the Premise(s) a) If work is carried out within your premises, state your status to the said premises								
	b) Do you operate a canteen in your premises? If YES, provide details								
About appliance, machinery or engine used at the Premise(s)	a) Are all your premise state of repair?	Yes	☐ No						
	b) State particulars of any appliance, machinery or engine used (other than lifts, elevators, escalators, cranes and hoists)								
About storage/ usage of radioactive substances or devices, explosive or chemicals	Do you have storage/ u or chemicals? If YES, pr	usage of radioactive substan rovide details	ces or devices, explosive	Yes	No No				
About Insurance/ Protection Coverage	Yes	No							
b) If any of your contract work is sub-let, do you wish to insure your liability for claim arising from the operations of sub-contractors? If YES, please provide following details: i. Nature of sub - contractors' work:									
	ii. Estimated amo	ount of contracts:							



clai	e particulars of all Third Party ims made upon you during the t 3 years	Yea	r	Description of Third Party Claims Made		Name of the Third Party				
Wh	nat other insurance(s) or	Other insurance(s) or Takaful(s):								
Takaful(s) do you have with the Company? No. Name of Policy/ Takaful Owned						nsurer/ Takaful O	perator			
	s any takaful operator/ urance company in respect of	a) Declin	ned to cover/ i	Yes No						
any	of the perils to which this plication relates to the	b) Requi	red special te	Yes No						
	owing questions:	c) Cance	lled or refuse	d to renew your takaful/insuran	ice?	Yes No				
		If you hav	ve answered	YES' for any of item above, plea	se give details					
	ECLARATION									
1. I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.										
2	I/We understand that this Insurance cover will not be enforced until and unless this Application has been accepted by Etiqa General Insurance Berhad									
۷.	2. I/We, agree, consent and allow Etiqa General Insurance to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010.									
3.	3. I/We, understand and agree that any Personal Data collected or held by Etiqa General Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Insurance to individuals and/or organizations related to and associated with Etiqa General Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.									
4.										
	benefits, if any. Please ensure that theAccount Holder's NameBank Name	ne account is	active and belo	ngs to the Policyholder.						
	■ Current / Savings Account Numbe	er								
	Should I/we not provide an updated bank account for auto-credit purposes to Etiqa General Insurance, I/we consent that my account with Maybank Group may be utilized for the same purpose. I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa General Insurance shall be discharged from any existing and future claim and demand in relation to it.									
	Signature of Applicant / C	company's S	Stamp	Date:						



DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILBILITY			
1.	Duly Completed Application Form	Yes		No	
2.	Documentation to support the information needed requested in the Application Form	Yes		No	
3.		Yes		No	
4.		Yes		No	
5.		Yes		No	
6.		Yes		No	
7.		Yes		No	
8.		Yes		No	

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

For Office Use Only						
Source		Channel				
Sales Channel Name		Sales Channel Code				