

## Fire Consequential Loss Insurance Proposal Form

### Important Notice

1. Statement Pursuant To Section 149(4) Of The Insurance Act (Malaysia) 1996. Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
2. If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

### Company Proposer

Company Name

Company Registration No.

Date of Company Registration

Contact Person

Nature of Business

Phone No. (Office/Mobile)

Fax No.

E-Mail

Correspondence Address

Postcode

Town

State

### Details of Insurance Required

1. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

2. Nature of Business

3. Location of premise to be insured

Postcode

Town

State

4. Items to be insured

Sum insured

i) On gross profit

i) RM \_\_\_\_\_

ii) On total wages for the first \_\_\_\_\_ weeks followed by \_\_\_\_\_ % for the remainder of the Indemnity Period

ii) RM \_\_\_\_\_

iii) On Auditor's Fees

iii) RM \_\_\_\_\_

5. Indemnity Period

6. Specified Working Expenses to be excluded are

i)

ii)

iii)

iv)

v)



\*BAAZZ\*

7. Additional Perils (please indicate any Additional Perils to be included)

8. How long has the business been established

9. Do you keep Stock Books and Sales Books and are these regularly entered?

10. Are your books regularly audited? Give the name and address of the Auditor

11. Have you at present any insurance covering Consequential Loss? If so, please give details

12. Has any Company of Insurer in respect of any of the perils to which this proposal relates

a) Declined to insure you?  Yes  No

b) Required special terms to insure you?  Yes  No

c) Cancelled or refused to renew your insurance?  Yes  No

If 'Yes' for any of item above, please give details

13. Have you ever made a claim under a Fire Policy or Consequential Loss policy? If so, please give details

14. Please state total amount of the Insurance covering Fire and perils with all insurance companies on this property to which the insurance is to apply

RM \_\_\_\_\_

Total annual premiums paid in respect of such insurance : RM \_\_\_\_\_

## Declarations

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.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date \_\_\_\_\_

## Verification of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original NRIC/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification\*

Name of Officer/Intermediary \_\_\_\_\_

Signature

NRIC / Business Registration Certificaton \_\_\_\_\_

Date

\* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

### Note:

To retain a copy of NRIC for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

## For Office Use

Source : HQ / Branch \_\_\_\_\_

Sales Channel Code : \_\_\_\_\_

Channel : \_\_\_\_\_

Sales Channel Name : \_\_\_\_\_