

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. Premise occupied as _____

5. Construction of building

Walls _____ Roof _____ Floor _____ No. of Storey(s) _____

6. Year of construction _____

7. Description of property to be insured

Item	Description	Sum to be insured (RM)
1A	Buildings (Excluding Foundation)	
1B	Buildings (Including Foundation)	
2	Rent _____ Months	
3	Plant and Machinery	
4	Stock in Trade consisting of _____	
5	Business Furniture, Fixtures and Fittings	
6	Household Furniture & Personal Effect	
7	Removal of Debris	
8	Architects, Surveyors and Consulting Engineers Fees	
9	Others (Please specify)	
Total		

Note : Buildings standing apart from one another or not internally connected must have separate sum insured upon each, and if stock or effects are contained in two or more distinct buildings, the sum to be insured thereon in each building must be specified. If premises consist of more than one building, a sketch plan showing the various buildings must be submitted together with the Proposal Form.

Basic Cover : Fire And Lightning Only (Subject to terms and conditions of policy)

8. Additional Perils. Please tick (✓) if cover is required and/or delete whichever not appropriate.

Flood	<input type="checkbox"/>	Explosion	<input type="checkbox"/>
Storm and Tempest	<input type="checkbox"/>	a) Without boilers (Industry / Non-Industry)	<input type="checkbox"/>
Earthquake and Volcanic Eruption	<input type="checkbox"/>	b) With boilers (Industry / Non-Industry)	<input type="checkbox"/>
Subsidence and Landslip (Standard cover)	<input type="checkbox"/>	Spontaneous Combustion (stock only)	
Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/>	a) By fire only	<input type="checkbox"/>
Riot, Strike and Malicious Damage		b) Full cover	<input type="checkbox"/>
a) Residential properties	<input type="checkbox"/>	Bush / Lallang Fire	<input type="checkbox"/>
b) Other than residential properties	<input type="checkbox"/>	Electrical Installation	<input type="checkbox"/>
Impact Damage		Bursting and Overflowing of Water Tanks Apparatus or Pipe	
a) Including own vehicle	<input type="checkbox"/>	a) Building exceeding 5 storey (including mezzanine)	<input type="checkbox"/>
b) Excluding own vehicle	<input type="checkbox"/>	b) Others _____	<input type="checkbox"/>
Aircraft Damage	<input type="checkbox"/>	Others _____	<input type="checkbox"/>

Insurance History And Losses

9. (a) Are you tenant, owner-occupying or non-occupying owner of the building? _____
(b) How long have you been occupying the building? _____
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10. (a) What is the nature of the goods stored in the premise? Yes No
(b) Is there any manufacturing process carried therein? If yes, please specify in detail. Yes No

(c) Is there any hazardous trades carried on or hazardous goods stored therein? If yes, please specify in details. Yes No

(d) Is spray painting/powder spraying carried on therein? Yes No
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11. (a) State the condition of this building

(b) Is the building issued with the certificate of fitness and able to comply with condition therein at all times? Yes No
(c) How does the premise gets its electricity supply?

(d) What fire extinguishing appliances are installed at the premise?

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12. Is the property to be insured charged to any bank? If yes, please give the name of the bank. Yes No

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13. (a) Is the building detached? If yes, state distance of nearest building, its construction and occupation Yes No

(b) If there are adjoining buildings, please state construction and occupation.

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14. Will the insured premise be unoccupied for more than 30 days continuously in a year? Yes No
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15. (a) Has the property previously been insured? If yes, which insurance company / Takaful Operator and for what amount. Yes No

(b) Is there any other insurance/takaful on the same property in force? If yes, which insurance company/takaful operator and for what amount. Yes No

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16. Have any insurer/takaful operator ever:-
(a) Declined your proposal? Yes No
(b) Required special terms to cover you? Yes No
(c) Cancelled or refused to renew your insurance/takaful? Yes No
(d) Increased your contribution/premium on renewal? If yes, please give particulars. Yes No

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17. Have you ever sustained a loss by fire or any other perils included in this proposal at this or any other premise owned or occupied by you? If yes, was any claim made upon an insurance company/takaful operator? Please give details of claims. Yes No

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Important Notice

1. 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.
2. Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the insurer within 60 days from the commencement date of cover. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you ensure your insurance broker remits your premium to the insurer concerned in strict compliance with the provisions of the Premium Warranty.

Declaration

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 (hereinafter referred to as "Company")

I/We also declare that The Total Sums To Be Insured Represent Not Less Than The Full Value Of The Property, as above mentioned, and I/We agree that no insurance shall commence until the proposal has been accepted by the Company.

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 : _____