

Public Liability Insurance Proposal Forms

Important Notice

- 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.
- 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 Coverage Required

1. Cover type required Annual Policy Contract Policy

2. a. Period of Insurance from _____ to _____

b. Maintenance Period (if applicable) from _____ to _____

3. Nature of Business (please provide if different against same question under Company Proposer)

4. a. Jurisdiction limit b. Territorial limit

5. a. General description and occupation of Premises / Sites of Contracts

b. If Premises, state number of buildings _____. If Contracts, state the contract value _____

c. If occupied as

i. Religious institutions, public halls, restaurants or cafes, stadium, cinema, theaters: State seating capacity _____

ii. Clubs: State number of members _____

iii. Hotel or Boarding House: State number of bedrooms _____

* Delete whichever not applicable

6. Location of Premises/ Sites of Contracts

Postcode

Town

State

* Delete whichever not applicable

7. State limit of indemnity required in respect of

a. any one accident : RM _____

b. any one period of insurance : RM _____

8. Do you occupy the whole of the premises? If no, please provide details.

Yes

No



BAAZZ

9. a. If work is carried out within your premises, state your status to the said premises. Owner Tenant
- b. Do you operate a canteen in your premises? If yes, provide details. Yes No
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10. a. Are all your premises, appliances, machinery, engines and plant in good state of repair? Yes No
- b. State particulars of any appliance, machinery or engine used (other than lifts, elevators, escalators, cranes and hoists)
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11. Do you have storage / usage of radioactive substances or devices, explosive or chemicals? If yes, provide details Yes No
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12. a. Do you wish to insure your liability for damage to property caused by Fire or Explosion? 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 Yes No
- i. nature of sub – contractors' work _____
- ii. estimated amount of contracts _____
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13. Give particulars of all Third Party claims made upon you during the last 3 years
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14. What other insurances do you have with the Company?
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15. Has any takaful operator/insurance company in respect of any of the perils to which this proposal relates
- a. Declined to cover/insure you? Yes No
- b. Required special terms to cover/insure you? Yes No
- c. Cancelled or refused to renew your takaful/insurance? Yes No
- If 'Yes' for any of item above, please give details
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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.

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 MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

MyKad No / Business Registration Certification _____

Date _____

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

Note:

To retain a copy of MyKad 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 _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____