

## Money 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. Period of Insurance from to

2. Location of premises to be insured. If more than one, state all.

Postcode

Town

State

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

4. Territorial limit

5. Details to be insured

The situation/ circumstances	Limit of liability for any single loss	Total carrying during period of insurance
<b>A. Premise Risks</b>		
i. Money (other than wages and/or salaries) whilst secured in the locked safe or strong-room in the Insured's premises	RM	RM
ii. Wages and/or salaries whilst secured in the locked safe or strong-room in the premises	RM	RM
iii. Money (other than wages and/or salaries) whilst secured in locked drawers/cabinets/cash registers in the Insured's premises	RM	RM
<b>B. Transit Risks</b>		
i. Wages and/or salaries whilst in direct transit between proposer's premises and bank or post office and whilst in the premises until paid out on the day of withdrawal during business hours.	RM	RM
ii. Money (other than wages and/or salaries) whilst in direct transit between proposer's premises and the bank	RM	RM
iii. Money (other than as described in Bi and Bii above) in the personal custody of proposer's authorised employees whilst in transit from the time of receipt until delivered at the premises or bank provided that all money be delivered on the same day as received	RM	RM

6. State which premises are occupied at night and by whom.



\*BAAZZZ\*

7. Is money retained overnight? If yes, please provide following details.  Yes  No
- a. Situation of premises \_\_\_\_\_
- b. Is the Money kept in a locked safe or strong room? If yes, please provide the following information  Yes  No
- i. Name of Maker \_\_\_\_\_ ii. Weight of safe \_\_\_\_\_
- iii. Type of safe  Free Standing  Bolted to Floor  Mounted to Wall
- 
8. a. How often are money carryings made? \_\_\_\_\_
- b. Will all carryings be made during office hours?  Yes  No
- c. On what day of the week is the money drawn from and/or paid into bank? \_\_\_\_\_
- d. How will the money be carried?
- i. If by employee, state the following:
- \* Number of employees engaged in carrying money \_\_\_\_\_
  - \* Mode of Transport e.g. on foot or by private or public conveyance \_\_\_\_\_
  - \* Details of any special safety precaution taken \_\_\_\_\_
- ii. If by professional cash carrier, state the name of the cash carrier \_\_\_\_\_
- 
9. Is this proposed cover previously or presently insured elsewhere? If yes, provide details  Yes  No
- \_\_\_\_\_
- 
10. Have you made any claim for loss, destruction of, or damage to Money for the last 3 years? If yes, provide details  Yes  No
- \_\_\_\_\_
- 
11. 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 \_\_\_\_\_
- \_\_\_\_\_

## 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 : \_\_\_\_\_

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Ahli Kumpulan 