

## Personal All Risk 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.

### Individual Proposer

Title

Name

MyKad No.

Army / Police / Passport No.

Gender

Date of Birth

Marital Status

Single

Married

Divorced

Widowed

Occupation

Phone No. (Mobile/House/Office)

Fax No.

E-Mail

Correspondence Address

Postcode

Town

State

Education Level

Primary

Secondary

Diploma

Bachelor Degree

Master

Doctorate

Professional

No. of children in family (please indicate the number)

0 - 12 years

12 years to 18 years

18 years +

Monthly Household Income

Up to RM1,500

RM1,501 - RM2,500

RM2,501 - RM5,000

RM5,001 - RM8,000

RM8,001 - RM15,000

RM15,001 - RM20,000

RM20,001 +

### Details of Coverage Required

1. Period of Insurance

from

to

2. Nature of business

3. Location of property to be insured

Postcode

Town

State

4. Occupation classification of the premises

5. Premises occupied as

6. Territorial limit



\*BAAZZ\*

7. Specification of Properties to be insured

Item	A) On specified property – provide list with Sum Insured*	Sum Insured
Item	B) On unspecified property – no one single item to exceed RM500.00 in value	Sum Insured

\* Note : To be verified by reliable valuer

8. Have you ever proposed for "All Risks" cover or takaful/insurance of the same nature. If yes, provide details  Yes  No

9. Have you made any claim for loss or damage for the last 3 years? If yes, please provide details  Yes  No

10. Are you at present covered/insured under a Householder, Fire, Theft or All Risks certificate/policy in respect of the contents of your residence? If yes, please provide details on name of Takaful operator/Insurer, type of certificate/policy and amount covered/insured  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 : \_\_\_\_\_