

Plate Glass 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. Nature of business (please provide if different against same question under Company Proposer)

3. Address of premises in which Glass to be insured is fixed

Postcode

Town

State

4. Premises occupied as

5. Territorial limit

6. Specification of Glass to be insured

Item	Plate or sheet, plain, lettered, stained, silvered or ornamented or bent, or ultra-violet ray glass	Sum Insured	
		Full Value	First Loss

7. Are the premises situated at the corner of a street, near a school or children's playground or in a dangerous or exposed position. Yes No
If yes, please provide details

8. Have the premises where the Glass is fixed been erected or altered during the last 12 months? Yes No
If yes, please give date of completion or details of alterations



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9. Do you wish to cover lettering or painting? If yes, provide details Yes No

10. Do you wish to cover damage to woodwork of showcases or window-frames? If yes, provide details Yes No

11. Is the Glass to be insured free from cracks and other defects? If yes, provide details Yes No

12. Have any breakages occurred during the last 12 months? If yes, provide details Yes No

13. 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 : _____