

Fire Takaful Proposal Form

Important Notice

- Pursuant to Section 28, Takaful Act 1984, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know, otherwise the Certificate issued may be void.
- In line with our group's strategy to promote usage of technology and to help preserve the country's natural resources, we no longer print the full policy wordings. Do visit www.etiqa.com.my for the full policy wording. Printout may also be obtained from our offices nationwide or from our agents.

Individual Proposer		Company Proposer	
Title		Company Name	
Name			
MyKad No.		Company Registration No.	
Army / Police / Passport No.		Date of Company Registration	
Gender	Date of Birth		
<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	Contact Person	
Occupation		Nature of Business	
Phone No. (Mobile/House/Office)		Fax No.	E-Mail
Correspondence Address			

Postcode Town State

To be filled by Individual Proposer only

Education Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree
	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Professional	
No. of children in family (please indicate the number)	<input type="checkbox"/> 0 - 12 years	<input type="checkbox"/> 12 years to 18 years	<input type="checkbox"/> 18 years +	
Monthly Household Income	<input type="checkbox"/> Up to RM1,500	<input type="checkbox"/> RM1,501 - RM2,500	<input type="checkbox"/> RM2,501 - RM5,000	<input type="checkbox"/> RM5,001 - RM8,000
	<input type="checkbox"/> RM8,001 - RM15,000	<input type="checkbox"/> RM15,001 - RM20,000	<input type="checkbox"/> RM20,001 +	



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Details Of Coverage Required

1. Period of Takaful _____ from _____ to _____
-
2. Nature of Business _____
-
3. Location of premise to be covered
- 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 covered

Item	Description	Sum to be covered (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 covered upon each, and if stock or effects are contained in two or more distinct buildings, the sum to be covered 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 certificate)

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)	<input type="checkbox"/>
Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/>	a) By fire only	<input type="checkbox"/>
Riot, Strike and Malicious Damage	<input type="checkbox"/>	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	<input type="checkbox"/>	Bursting and Overflowing of Water Tanks Apparatus or Pipe	<input type="checkbox"/>
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"/>

Takaful 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 Contribution Warranty attached to the Certificate. By this warranty, the takaful certificate is automatically cancelled unless the full contribution is paid to the takaful operator within 60 days from the commencement date of cover. Please note that if this is transacted through your takaful broker, the broker is acting on your behalf for the purpose of formation of this contract of takaful. It is important that you ensure your takaful broker remits your contribution to the takaful operator concerned in strict compliance with the provisions of the Contribution Warranty.

Declaration

I/We agree to participate in this general takaful scheme based on the principle of takaful and to pay the contribution on the basis of tabarru' (donation) for the purpose of helping each other participants who have suffered tragedy and with this contribution, I/We are entitled to the takaful cover as expressed in the terms and conditions of this takaful contract.

I/We further agree that my contribution be credited into the General Takaful fund (Fund) and to elect Etiqa Takaful Berhad (ETB) to invest and manage the Fund according to the principles of the shariah. I/We also permit ETB to make payment of claims/takaful benefits, provisions and reserves based on the guidelines and policies laid down by the authorities and ETB to be paid a wakalah fee based on the rate of 30%.

If at the end of each financial year, there is a surplus of income over liabilities in the Fund, I/We agree that ETB receive 50% of it as incentive while the balance 50% will be reserved for distribution amongst participants subject to the terms of this contract and fixed by the authorities. I/We further agree that if the surplus is less than RM10.00 (Ringgit Malaysia Ten) then the surplus is to be credited into a Charity Fund which will be utilized as 'amal jariah' on behalf of the participants.

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

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 Certification _____

Date

* Third Party" means by Takaful Agents, Takaful Brokers or staff of Takaful Operators.

Note :

To retain a copy of NRIC for Applicant(s)/Proposer(s) for Individual Takaful Certificate where the contribution is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Takaful Certificate is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____