

Personal All Risk Takaful Proposal Forms

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.
- 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 Takaful from to

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

3. Location of property to be covered

Postcode

Town

State

4. Occupation classification of the premises

5. Premises occupied as

6. Territorial limit



BZZZZ

7. Specification of Properties to be covered

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

* 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 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 40%.

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 understand that this Takaful will not be enforced until and unless this proposal has been accepted by Etiqa Takaful 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 Takaful Agents, Takaful Brokers or staff of Takaful Operator.

Note:

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

For Office Use

Source : HQ / Branch Sales Channel _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____