

APPLICATION FORM

CIVIL ENGINEERING COMPLETED RISKS TAKAFUL

Etiga General Takaful Berhad ("Etiga General Takaful") is licensed under the Islamic Financial Services Act 2013 to transact general Takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

INSTRUCTIONS: Before You provide answers and the declaration in this Application Form, please read the following Important Notice.

Important Notice:

- In this Application Form, the words "I/We", "You"," Your", "Me/Us" or "My/Our", means the Applicant unless the section instructions indicates 1. otherwise.
- 2. Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if You are applying for this Takaful wholly for the purposes unrelated to Your trade, business or profession, You have a duty to take reasonable care not to make a misrepresentation in answering the guestions in the Application Form. You must answer all guestions in this Application Form fully and accurately.
- In addition to answering the questions in this Application Form, You are required to disclose any other matter that You know to be relevant to our 3. decision in accepting the risks and determining the rates and terms to be applied.
- Please seek clarification from the intermediary should You not understand any of the terms and conditions, which relate to the benefits and Your 4. duties under the contract of Takaful.
- 5. Please notify the intermediary or Etiqa General Takaful Berhad of any change in Your correspondence address, or other contact details. If You have an enquiry or require further information, please contact Etiga Contact Centre by calling 1300 13 8888 or +603 2297 3888, or by facsimile to +603 2297 3800, or e-mail at info@etiga.com.my
- 6. If You have a complaint, dispute or feedback in connection with this application, please contact Etiga General Takaful Berhad, Complaints Unit via e-mail at complaint_cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 6, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
- If You are dissatisfied with the conduct of Etiqa General Takaful Berhad, You may refer to Bank Negara Malaysia via e-mail at 7. bnmlink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If You dispute a decision made by Etiga General Takaful Berhad, You may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
- Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable. 8.

Basic Information

Participant Name										
(Company Name)										
Company Registration No.			Date	of Company Registration:				No. of Years in Business:		
Service Tax Details (If applicable	Registration No.				5	Servi	ice Tax Registratior	n Date		
Occupation/ Nature of Business										
Contact Details	Phone	Mobile:			Hou	ise:		Offi	e:	
Contact Details	Fax No.				Ema	mail				
Address										
	Postcode:			Town:			State			
	Bank Name									
Bank Account Details	Account Type			Current Savings Account Effective Date :						
	Account Number									
B Cortificate Information										

Etiqa General Takaful Berhad (201701025031) (Licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia) Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur

T +603 2297 3888 F +603 2297 3800 E info@etiga.com.my

Etiga Oneline 1300 13 8888

		T				
Period of Coverage	From (dd/mm/yyyy):		Т	o (dd/mm/yyyy):		
Nature of Business						
Location of Risk (If more than one, state all in a separate document)	Postcode:		Town:		State:	
Details on Previous Coverage of the Structure(s) to be	Has any of the struct companies?	ures to be Cov	ered previously be	en Covered by ot	her	Yes No
Covered	If YES, which structu	res?				
	Name of Insurance C Takaful Operator	ompany/				
	Has the structure bee	en Covered?				
	(a) during the cons period	truction	Yes No	, (b) after th period	e construct	ion Yes No
Details on previous accident,	Has there been any a	ccident, loss o	r damage? If YES,	answer the followi	ng questions	: Yes No
loss or damage (if any)	(a) During the cons	truction period	? If YES, provide th	ne following details:		Yes No
	(i) Details of c	ause				
	(ii) Loss Amou	nt				
	(b) After the constru	uction period?	f YES , provide the j	following details:		Yes No
	(i) Details of c	ause				
	(ii) Loss Amou	nt				
Claims History for the past three (3) years	Have You made any o THREE (3) years? If	claim for loss, o YES, please pro	destruction of, or a vide the following a	damage to Money letails:	for the last	Yes No
	Year	Contribution F	Paid (RM)	Claim(s) Inc	urred	No. of Claim
			. ,			
Description of each section	(i) Bridges:					
of structure	(a) Type of	bridge	(b) Tec	hnical info		(c) Nat cat exposure
(Please give detailed technical information. If necessary, on a concerts shoot)				• • • • •		Earthquake
separate sheet)	Beam		Use			Wind
	Cable stayed		(i.e. road, rail, pedestrian – including no. of lanes, tracks,			Flood

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		0			1
Description of each section		Cantilever Floating	Length (including spa abutments)	ans between piers/	
of structure (Please give detailed technical		-			
information. If necessary, on a separate sheet)		Frame	Number of pie	ers	
(Cont.)		Girder	Height		
		Suspension			
	(ii) Domo				
	(ii) Dams	(a) Type of co	nstruction		(b) Technical info
		Arch dams / concrete (Are based on the pri transferred to abutme	nciple that the load is	Age	
		Gravity dams		Height	
		(Rely solely upon the like roller compacted dams).	ir weight for stability dams & embankment	☐ Width	
		Additional elements:	spillways / diversion	Nat cat e	xposure
		works		Earthqua	
				Flood	
	(iii) Harbo	urs			
		(a) Technic	cal info		(b) Nat cat exposure
		Age		Flood	
		Quay		Storm	
		Breakwater			
		Building			
		Equipment			
	(iv) Pipeli	nes (conveying non-co	ombustible substances)		
		(a	a) Technical info		(b) Topography
		Age			Landslide
		Length			Avalanches
		Diameter			
		Commodity			(c) Nat cat exposure
		Material of pipe (i.e.	concrete, steel, plastic, e	etc.)	Earthquake
					Flood
		Information on pump (if they are to be inc	-		

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Description of each section	(v) Railways							
of structure	(a) Technical info	(b) Topography					
(Please give detailed technical information. If necessary, on a	Age	Landslide						
separate sheet)	Use – passenger, go	oods, funicular, etc.	Avalanches					
(Cont.)	Length							
	No of bridges		(c) Nat cat exposure					
	No of tunnels		Earthquake					
	Information of contro	l/ signaling equipment	Flood					
	(if they are to be incl							
	ri) Runways							
	(a) Technic	cal info	(b) Nat cat exposure					
			Earthquake					
			Flood					
	Width							
	(vii) Roads							
		(b) Topography						
	Age	Number of lan	es 🗌 🗌 Landslide					
	Length	Number of brid	lges 🗌 Avalanches					
	Use – urban, moto	Use – <i>urban, motorway, etc.</i> Number of tunnels						
			Earthquake					
	(viii) Tunnels							
		Technical info						
	Age		Number of lanes					
	Number of tunnels (i.e. twin tube, single tube, etc.)	Diameter					
	Type of construction	n (i.e. bored, cut & cover, etc.)	Use – pedestrian / road / railway					
	Length		Safety measures					
	(ix) Transmission lines							
	(a) Techi	nical info	(c) Nat cat exposure					
	Age		Earthquake					
	Above ground or b below ground how	elow ground (if deep)						
	Type of power line	s/ voltage						
	Length							
	I							

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		(b) Tor	oography			(d) Climate	situation	
Description of each section	[Landslide	Jography			Frost		
of structure (Please give detailed technical		Avalanches			_	Snow		
information. If necessary, on a separate sheet)								
(Cont.)	(x) W	ater & Sewer systems						
		(a) Tech	nnical info			(b) Topo	ography	
	[Age				Landslide		
	[Above ground o (if below ground	r below ground I how deep)			Avalanches		
	[Length				(c) Nat cat	exposure	
	[Diameter		[Earthquake		
	[Foundation		[Flood		
	[Bridges						
	[Culverts				(d) Climate	e situation	
	[Material of pipe				Frost		
		(i.e. steel, concr	ete, plastic, etc.)					
	(xi) Waterways (canals)							
		(a) Tech	nnical info			(c) Nat cat	exposure	
	[Length		[Earthquake		
	[Width		[Flood		
	[Locking for shi	ps			Storm		
	[Aqueducts						
		(b) Env	vironment			(d) Climate	e situation	
	[Traffic/ Use				Frost		
			11					
Construction Details	Comme	encement Date		Durati Const			months	
	Comple	etion Date		Mainte	enanc	e Period	months	
	No. of E	Extension					monuis	
	Extensi	on Reason(s)						
Dataila an Subaail Canditiana	Subsoil	Conditions:						
Details on Subsoil Conditions		_				Ground C	Others	
		Rock Gravel	Sand Clay		llied G			
	Do geol	logical faults exist in th	e vicinity?				Yes No	
Topographical conditions and configurations of ground (e.g. angles of slopes) Please attach photo of plans								

Ground water level		•					
Details on nearest river, lake, sea, etc.	Name of the river/ lake/ / sea/ etc.						
	Distance						
	Water Level (Indicate the lowest & highest record)	Low		Mean		High	
Warning system for flood and inundation	Please give details of the war	ning system	n(s) available:				
Details on meteorological conditions	Rainy Season	From:			То:		
	Maximum Rainfall (mm)		Per Hour		Per Day		Per Month
	Storm Hazard	Mir Mir	nor	Med	lium	High	
Details on maintenance work	Is there any regular maintena	nce work?				Yes	No
	If YES, please give details of s	such mainte	enance work:				
	Do a time schedule and a che of culverts, bridges, underpas				earing	Yes	No
	Who is in charge of maintenance work?						
	Are staff being specially traine	ed for main	tenance work?			Yes	No
Details about the Structure	Is the structure observed or occupied full time by own staff? Yes No					No	
Details about Repair Work (if any)	Has major repair work taken place since completion of original construction? If YES, please give details of repair done No					No	
Details about nearby construction work (if any)	Is there any construction work in the vicinity which would affect the structure during the coverage period? Yes If YES, please give details of repair done				No		
What was the amount of the original costs for building the whole structure? Please provide the breakdown of the original cost for major sections of the structure (e.g. for bridges, abutment superstructure, column, foundation)							



Covered amount and the	Please state the amount to be Covered and the limits of indemnity requ	lired for the following items:			
limits of indemnity required	Items to be Covered	Sums to be Covered			
	New replacement value of whole structure (Breakdown of the original cost for major sections of the structure (e.g. for bridges, abutment superstructure, column, foundation and others)				
	Removal of debris (Covered only up to amount indicated)				
	Total sum to be Covered				
	Special Risks to be Covered	Limits of Indemnity (Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event)			
	Earthquake, volcanism, tsunami				
	Storm, cyclone, flood, inundation, landslide				

C. Beneficial Owner			
Other than the participant and nomi receive benefits from this certificate?	inated beneficiary, is tl ?	here any individual or entity tha	t have control over this certificate or will
Yes No			
(Mandatory if the question above is ans	wered "Yes")		
Name			
NRIC/Passport No.			
Mailing address	Postcode :	Town :	State :
Residential Address (If different from Mailing Address)	Postcode :	Town :	State :
Date of Birth			
Nationality			
Occupation			
Name of Employer			
Contact No.	Home :	Office :	Mobile :

D. Authorised Contact Person(s) of Ap	plicant	
	Contact Person 1	Contact Person 2
*Name (As per NRIC or Passport)		
*Gender		
* ID Type Number ID Type (Old NRIC / Birth Cert / Army ID / Police ID / Passport)		
*New NRIC Number		
*Nationality		
*Date of Birth		
*Country of Birth		
*Designation		
*Office Phone Number		
Mobile Number		
Email Address		
*This field is mandatory.		

E. Declaration

- 1. I/We have read and understand the contents of this application, including all notices therein.
- 2. I/We understand and agree that the contract of Takaful that I/We have applied for shall only take effect on the date the contract of Takaful has been issued by Etiqa General Takaful Berhad. I/We understand that the Certificate of Takaful will only be issued following the assessment by Etiqa General Takaful Berhad, and provided that the full contribution has been received by Etiga General Takaful Berhad. I/We understand that if the initial contribution is paid by cheque, the Certificate of Takaful will only take effect once the cheque has been cleared.
- I/We understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of Takaful, refusal or 3. reduction of my claim(s), change of terms or termination of my contract of Takaful.
- I/We understand that the above duty of disclosure shall continue until the time my contract of Takaful is entered into, varied or renewed with Etiga 4. General Takaful Berhad.
- 5. I/We understand that I/We have a duty to inform Etiga General Takaful Berhad immediately that this contract of Takaful has been entered into, varied or renewed, whether any of the information given in this Application is inaccurate or has changed.
- I/We agree to notify Etiga General Takaful Berhad of any change in my business which would affect the risk profile during the period of Takaful. 6.
- I/We confirm that the intermediary has fully explained the terms and conditions of the contract of Takaful in a language that I/We understand and 7. has presented and provided me with a product disclosure sheet.
- I/We agree that any payment by Etiga General Takaful Berhad to the account details provided by me in "Bank Account Details" of this Application, 8. will be deemed as full payment and Etiqa General Takaful Berhad shall be released and fully discharged from further liability and demand in relation to the payment. I/We confirm that the bank account details are active and maintained in Malaysia.
- I/We understand that contributions will be subjected to relevant charges or taxes as deemed necessary by the Malaysian tax authorities. 9
- 10. Personal Data Protection Act 2010 (PDPA)

I/We agree to allow Etiqa General Takaful Berhad to process my personal data, including sensitive personal data, with the intention of entering into a contract of Takaful in compliance with the provisions of the Personal Data Protection Act 2010.

I/We agree that any personal data collected or held by Etiqa General Takaful Berhad, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Takaful Berhad to individuals or organizations related to and associated with Etiqa General Takaful Berhad, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, retakaful operators, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this application, providing subsequent service related to it, and to communicate with me for such purposes.

I/We understand that I/We have a right to obtain access to, and to request correction of any personal data held by Etiqa General Takaful Berhad concerning me. I/We understand that such a request can be made by completing the Access Request Form available at all Etiqa General Takaful Berhad branches or contacting Etiqa General Takaful Berhad via email at pdpa@etiqa.com.my. I/We understand that in accordance with the provisions of the PDPA, I/We may contact the Customer Service Centre at Etiga Oneline 1300 13 8888 for the details of my personal data and that such information shall only be granted upon verification of my identification.

I/We agree that Etiqa General Takaful Berhad may share my personal data within Maybank Group and selected third parties, as Etiqa General Takaful Berhad deems fit, and I/We may receive marketing communication from Etiga General Takaful Berhad or from these other third parties about products and services that may be of interest to Me/Us (please tick Your choice below). □No

□Yes

11. Takaful Aqad

I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/We agree to pay the contribution on the basis of Tabarru' (donation) for the purpose of mutual support of other participants and upon payment of the contribution to the General Takaful Fund (Fund), I/We am/are entitled to the Takaful cover as per the terms and conditions contained in the Takaful Certificate. Payment of sum covered to participants is payable from the Fund based on the concept of Tabarru'.

This scheme also applies the Wakalah (agency) concept, whereby I/We agree to appoint Etiqa General Takaful Berhad to act on My/Our behalf to invest and manage the Fund. The Fund is collectively owned by the Participants where Tabarru' portion of the contribution is placed for the purpose of takaful. Accordingly, I/We agree to pay the upfront Wakalah Fee (as shown in the Product Disclosure Sheet and the Takaful Certificate) to Etiqa General Takaful Berhad, as a deduction of certain amount from contribution, to cover the expenses of investing and managing the Fund whereby Etiga General Takaful Berhad shall has the full discretion to waive part of the Wakalah fee.

I/We agree to authorize Etiqa General Takaful Berhad to delegate its rights, duties and obligations to any third party as Etiqa General Takaful Berhad deems fit for the purpose of achieving the objective to invest and manage the Fund, provided that, Etiga General Takaful Berhad will remain liable and responsible for all such rights, duties and obligations towards Me/Us.

I/We understand that at the end of each financial year, the distributable surplus (if any) from the Fund will be determined annually and will only be payable for annual Certificate. The distribution, if any, makes allowance for contingency provisions, and is subject to the surplus policy approved by Shariah Committee of Etiqa General Takaful Berhad. I/We agree that 50% of the distributable surplus (if any) will be paid to Etiqa General Takaful Berhad for operating and managing the Fund based on the contract of Ju'alah (reward). The balance of 50% will be shared amongst participants whose Takaful certificates have not terminated and who have not made any claim prior to the expiry of their takaful certificates.

I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00), it will automatically be credited to charitable fund which will be utilized as Amal Jariah on My/Our behalf. The fund will be distributed to eligible recipients as approved by Etiga General Takaful Berhad's Shariah Committee for charitable purposes.

Etiga Oneline 1300 13 8888

Declaration (Cont.)

Definitions:

"Ju'alah" means reward contract in which one of the parties offers specified reward(s) to anyone who will achieve a determined result in a known or unknown period. In relation to the Takaful contract, it refers to the reward given to Etiqa General Takaful Berhad agreed upfront by the Participant and Etiqa General Takaful Berhad for good management of the Fund.

"Tabarru" means contribution, donation or gift. In relation to the Takaful contract, it means Contribution for the purpose of Takaful. This portion is placed in the General Takaful Fund.

"Wakalah" refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated with or without imposition of a fee. In relation to the Takaful contract, this means that the Participant have appointed Etiqa General Takaful Berhad to invest and manage the General Takaful Fund on his/her behalf.

Signature of Applicant / Company's Stamp Date : _____ Signature of Witness

Date : __

*Witness must be at least 18 years of age and sound mind

F. Document Checklist

To be completed by Intermediaries

No	Document	Do	cument	Availabili	ty
1.	Duly Completed Application Form	Yes		No	
2.	Documentation to support the information needed requested in the Application Form	Yes		No	
3.	Details to be Covered	Yes		No	
4.		Yes		No	

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

G. For Office Use Only					
Source		Channel			
Distribution Channel Name		Distribution Channel Code			

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