

APPLICATION FORM

INDUSTRIAL ALL RISKS TAKAFUL

Etiqa General Takaful Berhad ("Etiqa 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:

1. In this Application Form, the words "I/We", "You", "Your", "Me/Us" or "My/Our", means the Applicant unless the section instructions indicates 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 questions in the Application Form. You must answer all questions in this Application Form fully and accurately.
3. 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 decision in accepting the risks and determining the rates and terms to be applied.
4. Please seek clarification from the intermediary should You not understand any of the terms and conditions, which relate to the benefits and Your 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 Etiqa Contact Centre by calling 1300 13 8888 or +603 2297 3888, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
6. If You have a complaint, dispute or feedback in connection with this application, please contact Etiqa 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.
7. If You are dissatisfied with the conduct of Etiqa General Takaful Berhad, You may refer to Bank Negara Malaysia via e-mail at bnmtelelink@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 Etiqa 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.
8. Consumer education programmes on General Takaful and related topics are available on www.insuranceinfo.com.my.
9. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

A. Basic Information

Company Name					
Company Registration No.			Date of Company Registration:	No. of Years in Business:	
Service Tax Details (If applicable)	Registration No.		Service Tax Registration Date		
Occupation/ Nature of Business					
Contact Details	Phone	Mobile:		Office:	
	Fax No.			Email	
Address	Postcode:		Town:		State:
Bank Account Details	Bank Name				
	Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	Account Effective Date :	

	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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B. Certificate Information

Period of Takaful	From (dd/mm/yyyy):		To (dd/mm/yyyy)	
Nature of Business				
Location of the risk				
	Town/City		Postcode	
	State		Country	
Mortgage / Charged	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Bank / Employer				

Section I : Please provide details

Description of building to be covered :

Item	Description	Sum to be Covered (RM)
1A	Buildings Excluding Foundation	
1B	Buildings Including Foundation	
2	Rent _____ Months	
3	On Plant Machinery, Equipment and Tools	
4	On Office Content, Furniture, Fixtures, Fittings and Equipment	
5	On Stock-in-trade	
6	Removal of Debris	
7	Architects, Surveyors and Consulting Engineers Fees	
8	Other	
Total		

Construction	Walls	<input type="checkbox"/>	Bricks	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Other
	Roof	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Tiles	<input type="checkbox"/>	Zinc	<input type="checkbox"/>	Other
	Floor	<input type="checkbox"/>	Reinforced Concrete	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Other		

Number of storey for landed building	
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Build up area	_____ square feet or _____ square meter
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Year of construction	
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Rewired in the past 10 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Types of residency	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Non-Occupying Owner	<input type="checkbox"/> Rented
Types of good stored in the premise			
Details of any profession, business or trade carried on in the building or in any portion of the building			
Flammable material stored in the building. Example wood base items, petrol, LPG, kerosene oil, diesel or sulphur			
Manufacturing process carried on in the building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify details _____
Building will be left unoccupied continuously for more than 90 days in the Period of Takaful	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Spray painting/powder spraying carried on in the building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Types of activities carried on in the building	No smoking policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hot work activity (example welding)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building standing detached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, please describe the construction and occupation of the adjoining premises
Is there any hazardous trade carried on or near the premises to be covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify details
Are there any other circumstances connected with the Premises which would increase the risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify details
Security measure	All outside doors and windows have locks and deadlocks		<input type="checkbox"/> Yes <input type="checkbox"/> No
	All outside windows up to three storeys have security grilles		<input type="checkbox"/> Yes <input type="checkbox"/> No
	All outside access points are covered by CCTV		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alarm system and CCTV (if any) connected to 24-hour response service		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permanent security guard		<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of fire extinguishing appliances installed at the building	Portable Fire Extinguisher		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic Sprinkler		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hose Reel		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Yard Hydrant System		<input type="checkbox"/> Yes <input type="checkbox"/> No

	Others: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are these appliances regularly inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises have any boilers or pressure vessels used for manufacturing purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section II : Please provide details

Description of loss of profit to be covered :

Item	Description	Sum to be Covered (RM)
i)	On Gross Profit	
ii)	On total wages for the first _____ weeks followed by _____ % for the remainder of the indemnity period	
iii)	On Auditor's Fees	
Total		

Indemnity Period (Months)	
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Extensions:

Extensions Required (please specify) – Subject to Takaful Operator's Approval

Item	Description	Additional Rating		Tick Excess (Hours)	Tick if cover is required
		Fire & Lightning	Special Perils		
1.	Specified Suppliers	0.10%	0.05%	72 hours	
2.	Unspecified Suppliers	0.50%	0.25%	72 hours	
3.	Specified Customers	0.10%	0.05%	72 hours	
4.	Prevention of Access	0.008%	0.006%	72 hours	
5.	Public Utilities				
	- One Utility	0.01%	0.01%	72 hours	
	- Two Utilities	0.015%	0.015%	72 hours	
	- Three Utilities	0.0175%	0.0175%	72 hours	
6.	Infectious or Contagious Diseases, Murder Suicide, Pest, Food or Drink, Poisoning or Defective Sanitary (Limited to 10% of sum covered or RM10 million whichever is lower)	0.10%	-	72 hours	

Coverage will be as per corresponding Section 1 of takaful certificate on the Premises and/or contents covered by the Takaful Operator

How long has the business been established				
Do You keep Stock Books and Sales Books?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, are these books regularly entered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Your books regularly Audited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Last date of Audit?			
	Name and address of the Auditor			
Is there any Bill or Sale on Your Stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, state the amount:	

Please submit along with this application the audited account for the last 3 years

Explanatory Notes to Section II

- 1) Gross Profit - The sum to be covered represents the amount by which (i) the sum of the Turnover and the amount of the Closing Stock, shall exceed (ii) the sum of the Opening Stock, and the amount of the Specified (or Uncovered) Working Expenses. Specified (or Uncovered) Working Expenses are the charges which it is considered will vary proportionately with rise or fall in turnover - the charges which are to be excluded from the Gross Profit Takaful.
- 2) Wages - If the applicant's business is such that all employees would be retained, after a loss, for the full Indemnity Period, then all wages should be covered under the Gross Profit item by not including wages as a specified working expenses. If the full cover above is not necessary, the Applicant may decide to cover wages of all employees for an initial period (minimum 4 weeks) but thereafter to cover only a percentage (minimum 10%) of the wages for the remainder of the Indemnity Period chosen. In this case, known as the Dual Wages Basis, the minimum Indemnity Period is 12 months. The most satisfactory cover of Dual Wages Basis is that the Applicant has the option, at any time after damage has occurred of converting the wages cover to 100% of the wage roll for an extended initial period; the cover thereafter being limited to any savings effected during the alternative period.
- 3) Auditors Fees - Reasonable fees payable by the Participant to their Auditors for producing and certifying any particulars or details contained in the Participant's books of account or other business books or documents or such other proofs, information or evidence as may be required by the Takaful Operator under the terms of condition 11 of this certificate can be covered.
- 4) Indemnity Period - This should be the Applicant's estimate of the maximum period during which a serious interruption might affect the business. To ensure adequate cover, it is necessary to take into consideration of the further time which may elapse after restoration of the material damage before the earnings can be brought back to their normal level, e.g. seasonal nature of turnover.
- 5) Sum to be Covered - Gross Profit and Wages If the Indemnity Period selected is 12 months or less, the sum covered must be the annual figure. If the Indemnity Period is longer than 12 months, the sum covered must be correspondingly increased.
- 6) Turnover - The money (less discount allowed) paid or payable to the Participant for goods sold and delivered and for services rendered in course of the business at the premises.

General Question

Have any previous or current Takaful Operator / Insurers ever :

a) Cover Your in any of the Sections above? If Yes, please provide the following information Yes No

Policy / Certificate number :

Insurer / Takaful Operator :

b) Declined Your application in any of the Sections above? If Yes, please give particulars Yes No

c) Required special terms to cover You in any of the Sections above? If Yes, please give particulars Yes No

d) Cancelled or refused to renew Your Takaful/ Insurance in any of the Sections above? If Yes, please give particulars. Yes No

e) Increased Your Premium/Contribution or subject to any special terms on renewal in any of the Sections above? If Yes, please give particulars. Yes No

f) Has any of the machinery to be covered previously been covered by other takaful operators/ insurance companies against breakdown? Yes No

g) In the past 2 years, have You suffered any loss in any of the Sections above? Yes No

If Yes, please provide details :-

Date of Loss	Class of Insurance / Takaful	Details of Loss	Amount of Loss

C. Beneficial Owner			
Other than the participant and nominated beneficiary, is there any individual or entity that have control over this certificate or will receive benefits from this certificate?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
(The following field is mandatory if the question above is answered "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 Applicant		
	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 contract of takaful will only be issued following the assessment by Etiqa General Takaful Berhad, and provided that the full contribution has been received by Etiqa General Takaful Berhad. I/We understand that if the initial contribution is paid by cheque, the contract of takaful will only take effect once the cheque has been cleared.
3. I/We understand that failure to take reasonable care in answering the questions may result in avoidance of My/Our contract of takaful, refusal or reduction of My/Our claim(s), change of terms or termination of My/Our contract of takaful.
4. I/We understand that the above duty of disclosure shall continue until the time My/Our contract of takaful is entered into, varied or renewed with Etiqa General Takaful Berhad.
5. I/We understand that I/We have a duty to inform Etiqa 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.
6. I/We agree to notify Etiqa General Takaful Berhad of any change in My/Our business which would affect the risk profile during the period of takaful.
7. 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 has presented and provided Me/Us with a product disclosure sheet.
8. I/We agree that any payment by Etiqa General Takaful Berhad to the account details provided by Me/Us in "Bank Account Details" of this Application, 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.
9. I/We understand that contributions will be subjected to relevant charges or taxes as deemed necessary by the Malaysian tax authorities.
10. Personal Data Protection Act 2010 (PDPA)

I/We agree to allow Etiqa General Takaful Berhad to process My/Our 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/Us 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/Us. 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 Etiqa Oneline 1300 13 8888 for the details of My/Our personal data and that such information shall only be granted upon verification of My/Our identification.

I/We agree that Etiqa General Takaful Berhad may share My/Our personal data within Maybank Group and selected third parties, as Etiqa General Takaful Berhad deems fit, and I/We may receive marketing communication from Etiqa 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).

Yes No

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 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.

I/We agree to authorize Etiqa General Takaful Berhad to delegate any 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 Etiqa 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 the 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 (wage). 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 Etiqa General Takaful Berhad's Shariah Committee for charitable purposes.

Definitions:

“**Ju’alah**” is a wage contract. It is an exchange contract for a known or unknown task, that is difficult to precisely determine and for which payment is due only once the work has been completed. 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, this 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 has 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	Document Availability	
1.	Duly Completed Application Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Documentation to support the information needed requested in the Application Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	