

PROPOSAL FORM

STORAGE TANK INSURANCE

Etiqa General Insurance Berhad ("Etiqa Insurance") is licensed under the Financial Services Act 2013 to transact both life and general business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

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

Important Notice:

- I. In this proposal form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
- 2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance 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 Proposal Form. You must answer all questions in this Proposal Form Form fully and accurately.
- 3. In addition to answering the questions in this Proposal 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 agent should you not understand any of the terms and conditions, which relate to the benefits and your duties under the contract of insurance.
- 5. Please notify the intermediary or Etiqa General Insurance Berhad of any change in your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Oneline by calling 1300 13 8888 atau +603 2297 3888, or write to Etiqa General Insurance Berhad (9557-T), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, 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 Proposal, please contact Etiqa General Insurance Berhad, Complaints Unit via email 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 Insurance 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 Insurance, 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 (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
- 8. Consumer education programmes on General Insurance 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.

Basic Information										
Company Name										
Company Registration No.			of Company Registration:				No.	No. of Years in Business:		
GST Tax Details (If applicable)	Registration No. :				GST Tax Registration Date			ate :		
Occupation/ Nature of Business										
Contact Details	Phone Mobile:				Но	House:			Office:	
	Fax No.				Em	nail				
Address										
	Postcode:			Town:			State) :		
Bank Name										
Bank Account Details	Account Type		Current Savings Account Effective Date :					tive Date :		
	Account Nu	mber								

Etiqa General Insurance Berhad (197001000276) (Licensed under 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@etiqa.com.my

Etiqa Oneline 1300 13 8888
Ahli Kumpulan Maybank

Policy Information									
Period of Insurance	From (dd/mm/yy	yy):	To (dd/mm/yyyy):						
Location of Risk / Territorial Limit									
	Postcode: Town: State: Latitude: Longitude:								
Interest Insured									
Has any of the storage tank to be insured previously been covered by other insurer(s)?	Yes No								
Has your storage tank sustained any damage from breakdown or other cause during last three (3) years?	Yes No								
Claims History for the past three (3) years	Year	Premium Paid (RM)	Claim(s) Inc	curred	No. of Claim				
Do you wish to insure the foundations of the storage tank?	Yes	No If YES, please state	e the relevant items of the	specification					
Do you wish the cover to include extra charges (in case of loss) for?	a) Express freight, overtime, night work, work on public holidays?								
1000) 1011	b) Air freight?								
	If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b)								
Give details of any special extension of cover required									
Maintenance of storage tank		onth or less Every qua		Half yearly Once a year Nil					
	Date of last thor examination of r			Who carried out the examination?					
Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents?	Yes		□ No						
Do you have any other storage tank not included in this Application?	Yes	No If YES, please indica	ate which Items are exclud	led and why?					



Please answer the following specifications in respect of values and limits to insure:

	Specification	RM
a)	Average value of contents any one time (in total)	
b)	Maximum Value of contents:	
c)	Total Sum Insured for Tanks	
	Please provide breakdown values by types of tanks if so required	
	i.	
	ii.	
	iii.	
	iv.	
d)	Total values insured for Contents	
	Please provide breakdown values by types of contents if so required:	
	i.	
	ii.	
	iii.	
	iv.	

Declaration

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

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

I agree that any personal data collected or held by Etiqa General Insurance Berhad, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance Berhad to individuals or organizations related to and associated with Etiqa General Insurance Berhad, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, 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 understand that I have a right to obtain access to, and to request correction of any personal data held by Etiqa General Insurance Berhad concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Insurance branches or contacting Etiqa General Insurance Berhad via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa 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 Insurance Berhad share my nay receive marketing commu of interest to me.						
	Yes	No						
	Signature of Applicant / C	Company's Stamp	Dat	e:				
Doc	ument Checklist							
To be	completed by Intermedia	ries						
No	Document					Documer	nt availal	oility
1.	Duly Completed Applica	ation Form			Yes		No	
2.	Documentation to support the information needed requested in the Application Form						No	
3.	. Layout Plan Yes 🗆 No 🗆							
Note:	This list is not exhaustive,	additional requirement may	y be required if deemed ne	cessary.				
Offic	ce Use Only							
Sour	Source			Channel				
Sale	Sales Channel Name Sales Channel Coo							

Declaration (Cont.)

Table: Specification of Items To Be Insured

Note:

- 1) Please give full description of all storage tank in column No. 6 including name of manufacturer, type, thickness, internal lining, air vents / tank (if any), Description (cylindrical, spherical, horizontal, vertical, rectangular etc), Describe tank top (fixed or floating etc), Describe relevant equipment connected to tanks, e.g. piping, pumps etc, Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc, material stored etc.
- 2) Replacement value in column No. 10 must be calculated on the current cost of replacing the storage tank by new storage tank of same kind and capacity plus freight charges, custom duties, cost of erection,
- 3) If you also wish to cover the foundations, declare the value of foundations separately for each tank.

Item No.	Contents of tank(s)	Situation of Tank (i.e. at outdoors (ground raised) OR indoors (on which floor), mobile	Type of foundation, if any (e.g. piles used etc)	Type of roof Fixed or Floating	Description of items (See Note 1)	Pressurized? Describe working pressure if any	Heating element? Describe working temperature and source of heating	Year of Manufacture	Replacement Value (See Note 2)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)