ETIQA HOME SECURE CONTRACT OF INSURANCE APPLICATION FORM

Etiqa General Insurance Berhad ("Etiqa General Insurance") is licensed under the Financial Services Act 2013 to transact general 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", "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 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 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 agent or us 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 or +603 2297 3888, or write to Etiqa General Insurance Berhad (197001000276), Level 13, Tower B, 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 application, please contact our 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 2297 1919, 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 our conduct, you may refer to Bank Negara Malaysia via e-mail at bnmlink@bnm.gov.my, by calling 1300 88 5465, by facsimile to 03 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 us, 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. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

INSTRUCTIONS: Please answer all questions in Section A.

A. INDIVIDUAL DETAILS

Title	☐ Mr ☐ Datuk Seri ☐ Datuk ☐ Dato' ☐ Tan Sri ☐ Tun ☐ Other
	☐ Ms ☐ Datin Seri ☐ Datin ☐ Dr ☐ Puan Sri ☐ Toh Puan _____

*Name (As per NRIC/Passport)	

*Date of Birth *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐	Gender	☐ Male ☐ Female

*ID Type	☐ New NRIC ☐ Old Identity Card ☐ Other _____

*ID Number	

*Nationality	☐ Malaysian ☐ Other _____

*Marital Status	☐ Single ☐ Married ☐ Other _____

*Occupation	☐ Manager/Senior Executive ☐ Pensioner ☐ Self-employed ☐ Housewife ☐ Student
	☐ Officer/Executive ☐ Business Owner ☐ Skilled Worker ☐ Teacher/Lecturer ☐ Clerical
	☐ Other _____

*Nature of Self Employment	

*Mailing Address	
	Town/City _____ Postcode _____
	State _____ Country _____

*Telephone Numbers	Mobile _____ House _____ Office _____

Email Address	

* Mandatory fields to be completed

INSTRUCTIONS: Please provide details of the Building in Section B.		

B.	**INSURANCE RISK DETAILS**

1.	Period of Insurance *(dd/mm/yyyy)*	From □□/□□/□□□□ To □□/□□/□□□□

2.	Location	
		Town/City	Postcode
		State	Country

3.	Mortgage/Charged	☐ Yes ☐ No
	Name of Bank/Employer	

4.	Type of building	☐ Condominium ☐ Apartment ☐ Flat ☐ Terrace ☐ Other ☐ Semi-Detached ☐ Townhouse ☐ Studio ☐ Bungalow _____

5.	Construction	Walls ☐ Bricks ☐ Concrete ☐ Wood ☐ Other _____ Roof ☐ Concrete ☐ Tiles ☐ Zinc ☐ Other _____ Floor ☐ Reinforced Concrete ☐ Wood ☐ Other _____

6.	Number of storey for landed building	☐ 1 storey ☐ 1 ½ storeys ☐ 2 storeys ☐ 2 ½ storeys ☐ 3 storeys ☐ More than 3 storeys

7.	Year of construction	□ □ □ □ Rewired in the past 10 years ☐ Yes ☐ No

8.	Types of extended cover required with Additional Premium	Tick (√) if additional benefit is required.		
		Riot, Strike and Malicious Damage for Building or Contents cover	☐ Yes	☐ No
		Accidental damage to plate glass for Building cover	☐ Yes	☐ No
		Rent Insurance under Additional Benefit E of the policy in excess of the 10% of the Total Sum Insured on Building or Contents	☐ Yes	☐ No
		Family Accidental Death Benefit	☐ Yes	☐ No
		Extended Rent Cover	☐ Yes	☐ No
		The following extended cover is subject to our further assessment.		
		Full theft for Contents cover	☐ Yes	☐ No
		Subsidence & Landslip for Building or Contents cover	☐ Yes	☐ No

9.	Outbuildings	☐ Yes ☐ No
	Construction of Outbuildings	Walls ☐ Bricks ☐ Concrete ☐ Wood ☐ Other _____ Roof ☐ Concrete ☐ Tiles ☐ Zinc ☐ Other _____

10.	Type of residency	☐ Owner Occupied ☐ Rented ☐ Holiday House ☐ Vacant ☐ Other _____

11.	Details of any profession, business or trade carried on in the building or in any portion of the building	

12.	Building will be left unoccupied continuously for more than 90 days in the Period of Insurance	☐ Yes ☐ No

13.	Detail of any claim(s) you have made, or losses that you have experienced in the last two years, relating to a building and/or contents. Please include location of building and/or contents if not the insured building and/or contents above, nature and cause of claim(s), date of claim(s) and amount claimed.	

C. INSURANCE RISK SUM INSURED DETAILS

Building

Is insurance required for the building with details as provided in Section B, including the value of the buildings, land, fixtures and fittings, gates and fences ☐ Yes ☐ No

If the insurance is required for the building in this application, please provide sum to be insured (RM) _____

Content

Is insurance required for the household goods, personal effects, applicants own fixtures and fittings, or fixtures and fittings for which the applicant is responsible legally of every description at the location of the building provided in Section B, in respect of the applicant, any member of the applicant's family and domestic staff normally residing with the applicant. ☐ Yes ☐ No

If the insurance is required for the content in this application, please provide sum to be insured (RM) _____ in respect of these goods, personal effects, and fixtures and fittings.

Specify below any item of value greater than five percent (5%) of the Sum to be Insured for contents, except furniture, pianos, organs, household appliances, and television set:

No	Description of item	Sum to be Insured for item (RM)
Total Sum Insured on Contents		

INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of premium or claims, if any.

D. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT

Bank Name	
Account Type	☐ Saving ☐ Current
Account Number	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Name as used for Account	

INSTRUCTIONS: Please provide us your Maybank account, credit card or cheque details for payment of premium. Please only select one (1) option.

E. PAYMENT METHOD

I wish to pay my premium RM _____	Payment date ☐☐/☐☐/☐☐☐☐

By: ☐ Cash

☐ Cheque (Please cross the cheque and made payable to 'Etiqa General Insurance Berhad')

Bank	Cheque Number	Cheque Date	Amount (RM)

☐ Credit Card

Cardholder's Name _____

☐ Visa ☐ Master Card

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Credit Card Expiry Date ☐☐/☐☐ (mm/yy)

INSTRUCTIONS. Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 15 below where you must select the option to agree (Yes) or disagree (No)

F. DECLARATIONS

1. I have read and understand the contents of the application, including all notices therein.
2. I understand that the purchase of any extended cover (as identified in Section B, question 8) is not compulsory and is at my sole discretion.
3. 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. I understand that the contract of insurance will only be issued following the assessment by Etiqa General Insurance, and provided that the full premium has been received by Etiqa General Insurance. 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.
4. 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.
5. 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.
6. I understand that I have a duty to tell Etiqa General Insurance 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.
7. I confirm that the agent 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 to the account details provided by me in Section D of this Application, will be deemed as full payment and Etiqa General Insurance shall be released and fully discharged from further liability and demand in relation to the payment. I confirm that the bank account details in Section D are active and maintained in Malaysia.
9. I understand that this application is in respect of a building and/or contents occupied solely for residential purposes or residential and domestic office purposes. No manufacturing or deposit or storage of merchandise may be allowed in any portion of the building.
10. I confirm that the total sums insured provided in Section C, are not less than the current market value of the building, and/or contents.
11. I understand that the value of platinum, gold, silver articles, jewelry and furs payable under the policy is limited to one-third of the sum to be insured for contents.
12. I understand that this contract of insurance does not cover the following, unless specifically mentioned in Section C:
    Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities of Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medals and Coins, Motor Vehicles and Accessories.
13. I understand that premiums will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.
14. I understand that the policy is automatically cancelled unless the full premium is paid to Etiqa General Insurance within 60 days from commencement date of cover.
15. **PERSONAL DATA PROTECTION ACT 2010**

    I agree to allow Etiqa General Insurance 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, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance to individuals or organizations related to and associated with Etiqa General Insurance, 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 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 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 agree that Etiqa General Insurance share my personal data within the Maybank Group strategic partners or other selected third parties ("other entities") as Etiqa General Insurance deems fit. I agreed to receive marketing communication from Etiqa General Insurance or from the other entities about products and services that may be of interest to me.

    ☐ Yes   ☐ No

_____   _____
Signature of Applicant   Date

FOR OFFICE USE

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	