



PROPOSAL FORM

BOILER & PRESSURE VESSELS TAKAFUL

Etiqa General Takaful Berhad ("Etiqa General Takaful") is licensed under the Islamic 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:

- In this proposal form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
- Pursuant to Paragraph 5 of Schedule 9 of the 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 Proposal Form. You must answer all questions in this Proposal Form fully and accurately.
- 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.
- 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.
- 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 Online by calling 1300 13 8888 atau +603 2297 3888, or write to Etiqa General Takaful 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
- If you have a complaint, dispute or feedback in connection with this proposal, please contact Etiqa General Takaful Berhad, Complaints Unit via e-mail at 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 20, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
- If you are dissatisfied with the conduct of Etiqa Insurance, 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.
- Consumer education programmes on General Takaful and related topics are available on www.insuranceinfo.com.my.
- 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.		Date of Company Registration:		No. of Years in Business:	
GST Tax Details (If applicable)		Registration No. :		GST Tax Registration Date :	
Occupation/ Nature of Business					
Contact Details		Phone	Mobile:	House:	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"/>	

Certificate Information				
Period of Coverage	From (dd/mm/yyyy)		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:		Town:	State:
	Latitude:		Longitude:	
Interest Covered?				
Has any of the structures to be covered previously been covered by other Takaful Provider(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which structure(s) and the name Takaful Provider(s): _____			
Has the structure been Covered	a) During the construction period	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	b) After the construction period	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Has there been any accident, loss or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, answer (a) and (b) questions	a) During the construction period	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	Details of the cause:		Amount (RM):	
	b) After the construction period	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	Details of the cause:		Amount (RM):	
Claims History for the past three (3) years	Year	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim
Description of each section of structure (Please give detailed technical information & If necessary please enclose a separate sheet)	Technical Information Required		Description	
	a) Dimensions (Length, height, depth, spans, no. of floors, diameter, inclination)			
	b) Foundation (Type, method & level of each section)			
	c) Construction method applied			
d) Construction materials used				

Details on Period of Construction	Commencement of Work:		
	Duration of Construction: _____ Months		Date of Completion:
	Maintenance Period: _____ Months		No. of Extensions:
	Reason(s) for Extension:		
Subsoil Conditions	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Day <input type="checkbox"/> Filled Ground <input type="checkbox"/> Other subsoil conditions (Please specify) _____		
	Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Topographical Conditions and Configurations of Ground (e.g. angles of slopes) <i>Please attach plans of photographs</i>			
Ground Water Level			
Details on Nearest River, Lake, Sea etc	Name:		Distance (KM):
	Water Level		
	Low Water:	Mean Water:	Highest Level:
Does a warning system exist for flood and inundation? <i>Please give details</i>			
Meteorological Conditions	Rainy Season	From	To
	Maximum Rainfall (mm)		
	Storm Hazard	<input type="checkbox"/> Minor	<input type="checkbox"/> Medium <input type="checkbox"/> High
Details on Maintenance Work	Is there any regular maintenance work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, please give details of such maintenance work		
	Do a time schedule and a checklist exist for maintenance work? <i>(e.g. clearing of culverts, bridges, underpass, overpass, painting work)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, please give details		
	Person In Charge		Is there special training for staff on maintenance work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the structure observed or occupied full time by own staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate number of staff permanently present		
Has major repair work taken place since completion of original construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give details		
Is there any construction work in the vicinity which would affect the structure during Takaful period?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give details		

What was the amount of the original costs for building the whole structure?	Please give breakdown of original costs for major sections of the structure in a separate attachment <i>(e.g. for bridges, foundation, column, abutment, superstructure)</i>											
Please State the Amounts to be Covered & the Limits of Indemnity Required* <i>*Limit of indemnity in respect of each & every loss or damage and/or series of losses arising out of any one event</i>	<table border="1"> <thead> <tr> <th data-bbox="475 306 1227 338">Items to be Covered</th> <th data-bbox="1227 306 1570 338">Sums to be Covered (RM)</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 338 1227 436"> a) New replacement value of whole structure <i>(Breakdown as specified for breakdown of original costs for major sections of the structure)</i> </td> <td data-bbox="1227 338 1570 436"></td> </tr> <tr> <td data-bbox="475 436 1227 512"> b) Removal of debris <i>(covered only up to amount indicated)</i> </td> <td data-bbox="1227 436 1570 512"></td> </tr> <tr> <td colspan="2" data-bbox="475 512 1570 562" style="text-align: right;"> Total Sum to be Covered </td> </tr> </tbody> </table>		Items to be Covered	Sums to be Covered (RM)	a) New replacement value of whole structure <i>(Breakdown as specified for breakdown of original costs for major sections of the structure)</i>		b) Removal of debris <i>(covered only up to amount indicated)</i>		Total Sum to be Covered			
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c)												
d)												

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 takaful that I have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa General Takaful Berhad. I understand that the contract of takaful will only be issued following the assessment by Etiqa General Takaful Berhad, and provided that the full premium has been received by Etiqa General Takaful Berhad. I understand that if the initial premium is paid by cheque, the contract of takaful 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 takaful, refusal or reduction of my claim(s), change of terms or termination of my contract of takaful.
4. I understand that the above duty of disclosure shall continue until the time my contract of takaful is entered into, varied or renewed with Etiqa General Takaful Berhad.
5. I understand that I 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 proposal is inaccurate or has changed.
6. I agree to notify Etiqa General Takaful Berhad of any change in my business which would affect the risk profile during the period of takaful.
7. I confirm that the intermediary has fully explained the terms and conditions of the contract of takaful 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 Takaful Berhad to the account details provided by me in "Bank Account Details" of this Proposal, 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 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 Takaful 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 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, 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 Takaful Berhad concerning me. I understand that such 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 understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Online 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 Takaful Berhad share my personal data within the Maybank Group and selected third parties, as Etiqa General Takaful Berhad deems fit, and I 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.

Declaration (Cont.)

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 the concept of Tabarru' (donation) for the purposes of mutual support of other participants and upon payment of the contribution, I/We am/are entitled to the Takaful cover as per terms and conditions contained in the Takaful Certificate.

I/We agree to the Wakalah concept, whereby I/We nominate EGTB to act on My/Our behalf to invest and manage the General Takaful Fund (Fund). Accordingly, I/We agree to pay the upfront Wakalah Fee (as shown in the Product Disclosure Sheet and the Takaful Certificate) to EGTB, as a deduction from contribution, to cover the expenses of managing and investing the Fund.

I/We agree to authorize EGTB to delegate any rights, duties and obligations to any third party as EGTB deems fit for the purpose of achieving the objective to invest and manage the Fund, provided that, EGTB 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 solely by EGTB. If the calculated amount is a surplus and not a deficit, 10% of the calculated surplus will be retained in the Fund based on the principle of Tabarru' so as to ensure its long-term viability and the remainder of 90% of the calculated surplus will be considered as distributable surplus. The 10% of the calculated surplus is subject to review on an annual basis by EGTB. We agree that 50% of the distributable surplus (if any) will be paid to EGTB for operating and managing the Fund based on the contract of Ju'alah. 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.

In the event of insufficient balance in the Fund to pay our Takaful Benefits during the period of Takaful, EGTB will make good the balance in the Fund under the principle of Qard (interest free-loan) from the shareholder's fund provided that the insufficiency is not due to EGTB's negligence. If the insufficiency is due to EGTB's negligence, EGTB will make the outright transfer for the insufficiency under the principle of Hibah (gift). I/We further agree that our future surplus arising from the Fund during our Takaful period can be used to pay for outstanding Qard to EGTB

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 Shariah Committee for charitable purposes.

Signature of Applicant / Company's Stamp

Date: _____

Document Checklist**To be completed by Intermediaries**

No	Document	Document Availability	
		Yes	No
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"/>

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

For Office Use Only

Source	Channel
Sales Channel Name	Sales Channel Code