



PROPOSAL FORM

MACHINERY BREAKDOWN & MACHINERY BREAKDOWN LOSS OF PROFIT 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:

1. 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 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.
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 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
6. 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 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 Insurance, you may refer to Bank Negara Malaysia via e-mail at bnmtelink@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 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.

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"/> <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 machinery to be Covered previously been covered by other Takaful Provider(s)?	<input type="checkbox"/> Yes	If YES, please provide the item(s) of the machinery and the name Takaful Provider:		
	<input type="checkbox"/> No			
Has your machinery sustained any damage from breakdown or other cause during last three (3) years	<input type="checkbox"/> Yes	If YES, please provide details of damage(s) and repair cost (RM):		
	<input type="checkbox"/> No			
Claims History for the past three (3) years. <i>Provide breakdown for each MB & MBLOP</i>	Year	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim
Do you have any other machinery not included in this Application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please provide the item(s) was excluded and give brief explanation on the reason(s) for the item(s) was excluded:	
Do you wish to insure the foundations of the machinery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please state 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Air freight?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b)			
Details of Any Special Extension of Cover Required				
Maintenance of Machinery	What arrangements are made for the regular maintenance / inspection of the machinery?			
	Examined By			
	Last Thorough Examination Date			

Machinery Breakdown Loss of Profit Takaful		
Please provide details of consequential loss that could arise as a result of damage to machinery listed under the Table of this Application (i.e. machinery to be Covered under Machinery Breakdown)	Items / Description	Sum Covered (RM)
	1. Gross Profit	
	2. Additional Expenditure	
	3. Wages	
	4. Fines or damages	
	5. Claims Preparation Expenses	
	6.	
	Total Sum Covered	
Indemnity Period (if MBLOP is taken)		
Details on Machinery Part(s)	Can parts be sourced domestically (i.e. locally) for all items listed on Table 1. If No, please provide the following details	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of the Country(ies):	Duration for Delivery:
Any spare parts kept in the stock for the machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide details

Declaration
<ol style="list-style-type: none"> 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.

Declaration (Cont.)

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.

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	
1.	Duly Completed Application Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Production flowchart which shows capacities of machines, any reserve machinery & factors of relative importance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Latest Statutory Report/ Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Computation of Gross Profit	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	

Table 1: Specification Of Items To Be Covered

Note:

- 1) Please give full description of all machines in column No. 2 including name of manufacturer, type, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.
- 2) Replacement value in column No. 4 must be calculated on the current cost of replacing the machine by new machinery of same kind and capacity (inclusive of oil in the case of transformers and other electrical equipment) 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 machine.
- 4) If any of the machines is a "stand-by", the same should be identified in the following schedule.

Item No.	Description of Item(s) (See Note 1)	Year of Manufacture	Replacement Value (See Note 2)	Remarks