



PROPOSAL FORM

CONTRACTOR PLANT & MACHINERY 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:

- 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 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 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 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 Online 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
- If you have a complaint, dispute or feedback in connection with this Proposal, please contact Etiqa General Insurance 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.
- 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.
- Consumer education programmes on General Insurance 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Policy Information				
Period of Insurance	From (dd/mm/yyyy):		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:	Town:	State:	
	Latitude:		Longitude:	
Interest Insured				
Has any of the CPM to be insured previously been covered by other insurer(s)?	<input type="checkbox"/> Yes	If YES, please provide the item(s) of the CPM and the name Insurer:		
	<input type="checkbox"/> No			
Has your CPM 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	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim
Do you have any other CPM not included in this Proposal?	<input type="checkbox"/> Yes	If YES, please provide the item(s) was excluded and give brief explanation on the reason(s) for the item(s) was excluded:		
	<input type="checkbox"/> No			
Extra charges/ expenses (in case of loss)	Do you wish the cover to include extra charges (in case of loss) for express freight, overtime, night work, working on public holidays?			
	<input type="checkbox"/> Yes	If YES, please indicate the limit of indemnity for such expenses (RM)		
	<input type="checkbox"/> No			
Have the plant and machinery to be insured (partly or in total) been hired?	<input type="checkbox"/> Yes	If YES, please specify the owner's name and address		
	<input type="checkbox"/> No			
Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes	If YES, please specify the maximum value (RM) transported by one means of transport:		
	<input type="checkbox"/> No			
Maintenance of CPM	What arrangements are made for and who carries out the regular maintenance / inspection of the CPM?			
	Examined By		Last Thorough Examination Date	

Declaration

1. I have read and understand the contents of the application, 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.
 5. I understand that I have a duty to tell 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 occupation and personal pursuits (example hobbies, sport activities) which would affect the risk profile during the period of insurance.
 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 Insurance to the account details provided by me in Section E of this Application, 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 in Section E are active and maintained in Malaysia.
 9. I understand that premiums will be subjected to relevant charges or taxes, including Goods & Service Tax, 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 Berhad 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 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 Insurance Berhad share my personal data within the Maybank Group and selected third parties, as Etiqa Insurance deems fit, and I may receive marketing communication from Etiqa General Insurance Berhad or from these other third parties about products and services that may be of interest to me.
- Yes No

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.	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.

Office Use Only

Source	Channel
Sales Channel Name	Sales Channel Code

Table: Specification of Items To Be Insured
Please Provide Last Statutory Report / Certificate

Item No.	Description of Items <i>Please give full and exact description of all plant and machinery</i>			Year of Manufacture	High exposure to special hazards <i>Please verify hazards to Fire, explosion, storm, cyclone, landslide, earthquake, volcanic activity, tsunami, flood, inundation, blasting, employment in mountainous terrain, employment underground</i>	Replacement Value <i>Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches), freight charges, customs and duties, costs of erection</i>
	Manufacturer's Name	Type and Serial No.	Output			
Total Sum Insured						