

PROPOSAL FORM

SME BIZCARE PLUS INSURANCE

Etiqa General Insurance Berhad ("Etiqa 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 Proposal Form, please read the following Important Notice.

Important Notice:

1. In this Proposal Form, the words "I/We", "You", "Your", "Me/us" or "My/Our", 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 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 intermediary 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 Contact Centre by calling 1300 13 8888 or +603 2297 3888, 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 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 General Insurance Berhad, 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 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.

DETAILS OF PROPOSER AND RISK INSURED

Company Name			
Company Registration No.		Date of Company Registration:	No. of Years in Business:
Service Tax Details (if applicable)	Registration No.	Service Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	Office:
	Fax No.		Email
Correspondent Address			
Postcode :		Town :	State :
Location of Risks			
Postcode :		Town :	State :

Name of Chargee/Mortgagee	
Please state the occupation / Use of The building	
Construction of the Building	<input type="checkbox"/> 1A – Brick / Concrete walls and roofed with non-combustible materials <input type="checkbox"/> 1B - Partly Brick/ Concrete walls and partly roofed with non-combustible materials <input type="checkbox"/> 2 - Brick/ Concrete walls / open sided sheds with non-combustible columns and roofed with non-combustible Materials <input type="checkbox"/> 3 - All other construction not conforming with Class 1A, Class 1B and Class 2 Construction
Year of Construction	
Number of Storey	
Type of Premise(s) Security	<input type="checkbox"/> Grill <input type="checkbox"/> Roller Shutter <input type="checkbox"/> Uniformed Security Guard <input type="checkbox"/> Others, please specify, _____
Are this protection secured and locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any burglar alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period of Insurance	From : _____ To _____
SECTION A – FIRE	
What is the nature of the goods stored in the premise?	
Is there any manufacturing process carried therein? If Yes, please specify in detail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any hazardous trades Carried or hazardous goods stored therein? If Yes, please specify in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any Spray-painting activity being carried out therein?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant If owner, please tick either one below <input type="checkbox"/> Occupying <input type="checkbox"/> Non-Occupying

SECTION A(1) – RISK SUM INSURED DETAILS

Subject Matter Insured	Sum Insured
1. On Building and Renovation (excluding foundations)	
2. On Rental (Building) Please specify number of months rental _____	
3. On Plant Machinery, Equipment and Tools	
4. On Office Contents, Furniture, Fixtures, Fitting and Equipment	
5. On Stock-in-Trade	
6. On Architects, Surveyor's and Consultant's fees	
7. On Removal of Debris	
Total Sum Insured	

Note :
 a. The Sum Insured on buildings/machinery should represent the actual cost of reconstruction/reinstatement.
 b. The Total Sum Insured under Fire excludes land and other properties separately Insured.

SECTION A (II) PERILS THAT CAN BE ADDED UNDER FIRE CLASS

NO	PERILS	Please Tick (√)
1	Aircraft Impact Damage	<input type="checkbox"/>
2	Earthquake and Volcanic Eruption	<input type="checkbox"/>
3	Storm and Tempest	<input type="checkbox"/>
4	Flood Full Value <input type="checkbox"/> Nominated Sum Insured <input type="checkbox"/> Please specify the sum Insured and selected floors to be covered Sum Insured RM _____ Selected Floors _____	<input type="checkbox"/>
5	Explosion <input type="checkbox"/> Industrial With Boiler <input type="checkbox"/> Industrial Without Boiler <input type="checkbox"/> Non- Industrial With Boiler <input type="checkbox"/> Non-Industrial Without Boiler	<input type="checkbox"/>
6	Impact Damage	<input type="checkbox"/>
7	Bursting or Overflowing of Water Tanks Apparatus or Pipes <input type="checkbox"/> 5 stories and below <input type="checkbox"/> Exceeding 5 stories	<input type="checkbox"/>
8	Electrical Installation Clause B (Plant, Machines, Equipment and Tools)	<input type="checkbox"/>
9	Bush Lalang Fire	<input type="checkbox"/>

NO	PERILS	Please Tick (√)
10	Subsidence and Landslip <input type="checkbox"/> Standard <input type="checkbox"/> With deletion Nominated sum Insured RM _____	<input type="checkbox"/>
11	Spontaneous Combustion (Stock-in-Trade) <input type="checkbox"/> By fire only <input type="checkbox"/> Full cover	<input type="checkbox"/>
12	Riot Strike and Malicious Damage <input type="checkbox"/> Residential Properties <input type="checkbox"/> Other than Residential Properties	<input type="checkbox"/>
13	Damage by Falling Trees or Branches or Objects Therefrom	<input type="checkbox"/>
14	Sprinkler Leakage <input type="checkbox"/> Building (Standard) <input type="checkbox"/> Building (With Deletion of Exclusion) <input type="checkbox"/> Contents <input type="checkbox"/> Contents (With Deletion of Exclusion)	<input type="checkbox"/>

SECTION B – RESTRICTED ALL RISKS

Subject Matter Insured	Sum Insured
On Plant Machinery, Equipment and Tools	
On Office Contents, Furniture, Fixtures, Fitting and Equipment	
Total Sum Insured	

Note :

- a. Please note that the Total Sum Insured for Restricted All Risks should be the same as per item 3 and under Section A (I). If exceeds, please refer to the Company
- b. The Sum Insured on the Subject Matter Insured should represent the actual value of replacement as new

SECTION C - MISCELLANEOUS

Class of Insurance	PLAN			
	SILVER (RM)	GOLD (RM)	PLATINUM (RM)	DIAMOND (RM)
Please select one of the preferred plans. Please tick (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary - First Loss Sum Insured	25,000.00	50,000.00	100,000.00	Determined by Insured
Money				
a) In Premises during office hours	5,000.00	10,000.00	15,000.00	
b) In Premises after office hours (Locked safe)	5,000.00	10,000.00	15,000.00	
c) In the Premises after office hours (Locked drawer, cabinet, cash register)	1,000.00	2,000.00	3,000.00	
d) In Transit	5,000.00	10,000.00	15,000.00	
e) Personal Accident cover for 2 unnamed staff	10,000.00	10,000.00	10,000.00	
Fidelity Guarantee On all employees. Limit any one event and aggregate for the Insured period	10,000.00	10,000.00	10,000.00	
Plate Glass First Loss Sum Insured	5,000.00	10,000.00	15,000.00	
Public Liability Limit any one event and unlimited for the Insured period	250,000.00	500,000.00	1,000,000.00	
Employer's Liability Limit any one event and unlimited for the Insured period	250,000.00	500,000.00	1,000,000.00	
Group Personal Accident On 5 named employees for Accidental Death or Permanent Disablement only (per person)	25,000.00	50,000.00	100,000.00	
PREMIUM	486.00	781.00	1,726.00	

- Premium excluding 8% Sales and Service Tax and Stamp Duty

Please named the 5 Insured persons under Group Personal Accident

Name	MyKad No	Age	Designation

TOTAL ANNUAL PREMIUM COMPUTATION			
Premium for SECTION A		RM	
Premium for SECTION B		RM	
Premium for SECTION C		RM	
Total Premium		RM	
	8% Sales and Service Tax	RM	
	Stamp Duty	RM	10.00
	TOTAL AMOUNT PAYABLE		

GENERAL QUESTIONNAIRES

1. Have any previous or current Insurers / Takaful Operator ever:
- a) Cover you in any of the Sections/Benefits above? If Yes, please provide the following information Yes No
 Policy / Certificate number _____ Insurer / Takaful Operator _____
- b) Declined your proposal in any of the Sections/Benefits above? If Yes, please give particulars. Yes No

- c) Required special terms to cover you in any of the Sections/Benefits above? If Yes, please give particulars. Yes No

- d) Cancelled or refused to renew your Insurance/Takaful in any of the Sections/Benefits above? If Yes, please give particulars. Yes No

- e) Increased your Premium / Contribution on renewal in any of the Sections/Benefits above? If Yes, please give particulars Yes No

2. In the past 3 years, have you suffered any loss in any of the Sections/Benefits above? Yes No
 If Yes, please provide details :-

Year	Class of Insurance/Takaful	Details of Loss	Amount of Loss

BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT

Bank Name	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Account Number	<input type="text"/>
Name as used for Account	

PAYMENT METHOD

I wish to pay my contribution RM _____ Payment date _____

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

Bank	Bank Cheque Number	Cheque Date	Total (RM)

Credit Card

Cardholder's Name _____

Visa Master Card

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

IMPORTANT NOTES

If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

Your attention is drawn to the 60 days Premium Warranty to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full Premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this Insurance is transacted through Your Insurance Representative, the Insurance Representative is acting on Your behalf for the purpose of formation of this contract of Insurance. It is important that You make full payment of the Premium to Your Insurance Representative as soon as possible and in any case within the 60 days period of the Premium Warranty so as to enable Your Insurance Representative to remit the Premiums early to Your Insurer. You are advised to request Your Insurance Representative to furnish You with the Insurance Representative's and Insurer's receipt on the Premium that You have paid.

BENEFICIAL OWNER

Other than the policy holder and nominated beneficiary, is there any individual or entity that have control over this policy or will receive benefits from this policy?
 Yes No
 (Mandatory if the question above is answered "Yes")

Name			
NRIC/Passport No.			
Mailing address	Postcode :	Town :	State :
Residential Address (If different from Mailing Address)	Postcode :	Town :	State :
Date of Birth			
Nationality			
Occupation			
Name of Employer			
Contact No.	Home :	Office :	Mobile :

AUTHORISED CONTACT PERSON(S) OF APPLICANT

	Contact Person 1	Contact Person 2
*Name (As per NRIC or Passport)		
*Gender		
*ID Type Number ID Type (Old NRIC / Birth Cert / Army ID / Police ID / Passport)		
*New NRIC Number		
*Nationality		
*Date of Birth		
*Country of Birth		
*Designation		
*Office Phone Number		
Mobile Number		
Email Address		
*This field is mandatory.		

DECLARATION

1. I/We have read and understand the contents of the proposal, including all notices therein.
2. I/we understand and agree that the contract of insurance that I/We have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa General Insurance Berhad. I/We 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/We 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/We understand that failure to take reasonable care in answering the questions may result in avoidance of My/Our contract of insurance, refusal or reduction of My/Our claim(s), change of terms or termination of My/Our contract of insurance.
4. I/We understand that the above duty of disclosure shall continue until the time My/Our contract of insurance is entered into, varied or renewed with Etiqa General Insurance Berhad.
5. I/We understand that I/We 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 Proposal is inaccurate or has changed.
6. I/We agree to notify Etiqa General Insurance Berhad of any change in My/our business which would affect the risk profile during the period of insurance.
7. I/We confirm that the intermediary has fully explained the terms and conditions of the contract of insurance in a language that I/We understand and has presented and provided Me/Us with a product disclosure sheet.
8. I/We agree that any payment by Etiqa General Insurance Berhad to the account details provided by Me/Us 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/We confirm that the bank account details are active and maintained in Malaysia.
9. I/We 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 (PDPA)

I/We agree to allow Etiqa General Insurance Berhad to process My/Our 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/We agree that any personal data collected or held by Etiqa General Insurance Berhad, whether contained in this Proposal 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 Proposal, providing subsequent service related to it, and to communicate with Me/Us for such purposes.

I/We understand that I/We have a right to obtain access to, and to request correction of any personal data held by Etiqa General Insurance Berhad concerning Me/Us. I/We 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/We understand that in accordance with the provisions of the PDPA, I/We may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of My/Our personal data and that such information shall only be granted upon verification of My/Our identification.

I/We agree that Etiqa General Insurance Berhad share My/Our personal data within the Maybank Group and selected third parties, as Etiqa General Insurance Berhad deems fit, and I/We 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/Us. (Please tick Your choice below).

Yes No

Signature of Applicant / Company's Stamp

Date : _____

Signature of Witness

Date : _____

*Witness must be at least 18 years of age and sound mind

Document Checklist

To be completed by Intermediaries

No	Document	Document Availability			
1.	Duly Completed Proposal Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

FP/FDBCP/IE/2024V01

Office Use Only			
Source		Channel	
Sales Channel Name		Sales Channel Code	