

APPLICATION FORM

CIVIL ENGINEERING COMPLETED RISKS (CECR)

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Application Form is inaccurate or has changed.

Basic Information

Company Name						
Company Registration No.				Date of Company Registration:		
GST Tax Details <i>(If applicable)</i>	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 <i>(Current or Savings Account)</i>	Bank Name					
	Account Type	<input type="checkbox"/> Current		<input type="checkbox"/> Savings		
	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"/>				
	Account Effective Date					

Policy Information

Period of Insurance	From <i>(dd/mm/yyyy):</i>		To <i>(dd/mm/yyyy):</i>		
Nature of Business					
Location of Risk <i>(If more than one, state all in a separate document)</i>	Postcode:	Town:	State:		
Details on Previous Insurance of the Structure(s) to be insured	Has any of the structures to be insured previously been insured by other companies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, which structures?				
	Name of Insurance Company/ Takaful Operator				
	Has the structure been insured?				
	(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

Details on previous accident, loss or damage (if any)	Has there been any accident, loss or damage? If YES, answer the following questions: <input type="checkbox"/> Yes <input type="checkbox"/> No																						
	(a) During the construction period? If YES, provide the following details: <input type="checkbox"/> Yes <input type="checkbox"/> No																						
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Claims History for the past three (3) years	Have you made any claim for loss, destruction of, or damage to Money for the last THREE (3) years? If YES, please provide the following details: <input type="checkbox"/> Yes <input type="checkbox"/> No																						
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Premium Paid (RM)</th> <th style="width:35%;">Claim(s) Incurred</th> <th style="width:15%;">No. of Claim</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim																		
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Description of each section of structure <i>(Please give detailed technical information. If necessary, on a separate sheet)</i>	<p>(i) Bridges:</p> <table style="width:100%;"> <tr> <td style="width:33%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Type of bridge</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Arch</td></tr> <tr><td><input type="checkbox"/> Beam</td></tr> <tr><td><input type="checkbox"/> Cable stayed</td></tr> <tr><td><input type="checkbox"/> Cantilever</td></tr> <tr><td><input type="checkbox"/> Floating</td></tr> <tr><td><input type="checkbox"/> Frame</td></tr> <tr><td><input type="checkbox"/> Girder</td></tr> <tr><td><input type="checkbox"/> Suspension</td></tr> </tbody> </table> </td> <td style="width:33%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(b) Technical info</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Age</td></tr> <tr><td><input type="checkbox"/> Use <i>(i.e. road, rail, pedestrian – including no. of lanes, tracks, etc.)</i></td></tr> <tr><td><input type="checkbox"/> Length <i>(including spans between piers/abutments)</i></td></tr> <tr><td><input type="checkbox"/> Number of piers</td></tr> <tr><td><input type="checkbox"/> Height</td></tr> </tbody> </table> </td> <td style="width:33%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(c) Nat cat exposure</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Earthquake</td></tr> <tr><td><input type="checkbox"/> Wind</td></tr> <tr><td><input type="checkbox"/> Flood</td></tr> </tbody> </table> </td> </tr> </table>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Type of bridge</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Arch</td></tr> <tr><td><input type="checkbox"/> Beam</td></tr> <tr><td><input type="checkbox"/> Cable stayed</td></tr> <tr><td><input type="checkbox"/> Cantilever</td></tr> <tr><td><input type="checkbox"/> Floating</td></tr> <tr><td><input type="checkbox"/> Frame</td></tr> <tr><td><input type="checkbox"/> Girder</td></tr> <tr><td><input type="checkbox"/> Suspension</td></tr> </tbody> </table>	(a) Type of bridge	<input type="checkbox"/> Arch	<input type="checkbox"/> Beam	<input type="checkbox"/> Cable stayed	<input type="checkbox"/> Cantilever	<input type="checkbox"/> Floating	<input type="checkbox"/> Frame	<input type="checkbox"/> Girder	<input type="checkbox"/> Suspension	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(b) Technical info</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Age</td></tr> <tr><td><input type="checkbox"/> Use <i>(i.e. road, rail, pedestrian – including no. of lanes, tracks, etc.)</i></td></tr> <tr><td><input type="checkbox"/> Length <i>(including spans between piers/abutments)</i></td></tr> <tr><td><input type="checkbox"/> Number of piers</td></tr> <tr><td><input type="checkbox"/> Height</td></tr> </tbody> </table>	(b) Technical info	<input type="checkbox"/> Age	<input type="checkbox"/> Use <i>(i.e. road, rail, pedestrian – including no. of lanes, tracks, etc.)</i>	<input type="checkbox"/> Length <i>(including spans between piers/abutments)</i>	<input type="checkbox"/> Number of piers	<input type="checkbox"/> Height	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(c) Nat cat exposure</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Earthquake</td></tr> <tr><td><input type="checkbox"/> Wind</td></tr> <tr><td><input type="checkbox"/> Flood</td></tr> </tbody> </table>	(c) Nat cat exposure	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Wind	<input type="checkbox"/> Flood
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Description of each section of structure

(Please give detailed technical information. If necessary, on a separate sheet)

(iii) Harbours

(a) Technical info	
<input type="checkbox"/>	Age
<input type="checkbox"/>	Quay
<input type="checkbox"/>	Breakwater
<input type="checkbox"/>	Building
<input type="checkbox"/>	Equipment

(b) Nat cat exposure	
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Storm

(iv) Pipelines (conveying non-combustible substances)

(a) Technical info	
<input type="checkbox"/>	Age
<input type="checkbox"/>	Length
<input type="checkbox"/>	Diameter
<input type="checkbox"/>	Commodity
<input type="checkbox"/>	Material of pipe <i>(i.e. concrete, steel, plastic, etc.)</i>
<input type="checkbox"/>	Information on pumping stations, etc. <i>(if they are to be included)</i>

(b) Topography	
<input type="checkbox"/>	Landslide
<input type="checkbox"/>	Avalanches

(c) Nat cat exposure	
<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	Flood

(v) Railways

(a) Technical info	
<input type="checkbox"/>	Age
<input type="checkbox"/>	Use – passenger, goods, funicular, etc.
<input type="checkbox"/>	Length
<input type="checkbox"/>	No of bridges
<input type="checkbox"/>	No of tunnels
<input type="checkbox"/>	Information of control/ signaling equipment <i>(if they are to be included)</i>

(b) Topography	
<input type="checkbox"/>	Landslide
<input type="checkbox"/>	Avalanches

(c) Nat cat exposure	
<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	Flood

(vi) Runways

(a) Technical info	
<input type="checkbox"/>	Age
<input type="checkbox"/>	Length
<input type="checkbox"/>	Width

(b) Nat cat exposure	
<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	Flood

(vii) Roads

(a) Technical info			
<input type="checkbox"/>	Age	<input type="checkbox"/>	Number of lanes
<input type="checkbox"/>	Length	<input type="checkbox"/>	Number of bridges
<input type="checkbox"/>	Use – urban, motorway, etc.	<input type="checkbox"/>	Number of tunnels

(b) Topography	
<input type="checkbox"/>	Landslide
<input type="checkbox"/>	Avalanches

(c) Nat cat exposure	
<input type="checkbox"/>	Earthquake

Description of each section of structure

(Please give detailed technical information. If necessary, on a separate sheet)

(viii) Tunnels

Technical info	
<input type="checkbox"/> Age	<input type="checkbox"/> Number of lanes
<input type="checkbox"/> Number of tunnels (<i>i.e. twin tube, single tube, etc.</i>)	<input type="checkbox"/> Diameter
<input type="checkbox"/> Type of construction (<i>i.e. bored, cut & cover, etc.</i>)	<input type="checkbox"/> Use – pedestrian / road / railway
<input type="checkbox"/> Length	<input type="checkbox"/> Safety measures

(ix) Transmission lines

(a) Technical info	(c) Nat cat exposure
<input type="checkbox"/> Age	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Above ground or below ground (<i>if below ground how deep</i>)	<input type="checkbox"/> Flood
<input type="checkbox"/> Type of power lines/ voltage	<input type="checkbox"/> Storm
<input type="checkbox"/> Length	
(b) Topography	(d) Climate situation
<input type="checkbox"/> Landslide	<input type="checkbox"/> Frost
<input type="checkbox"/> Avalanches	<input type="checkbox"/> Snow

(x) Water & Sewer systems

(a) Technical info	(b) Topography
<input type="checkbox"/> Age	<input type="checkbox"/> Landslide
<input type="checkbox"/> Above ground or below ground (<i>if below ground how deep</i>)	<input type="checkbox"/> Avalanches
<input type="checkbox"/> Length	
<input type="checkbox"/> Diameter	(c) Nat cat exposure
<input type="checkbox"/> Foundation	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Bridges	<input type="checkbox"/> Flood
<input type="checkbox"/> Culverts	
<input type="checkbox"/> Material of pipe (<i>i.e. steel, concrete, plastic, etc.</i>)	(d) Climate situation
	<input type="checkbox"/> Frost

(xi) Waterways (canals)

(a) Technical info	(c) Nat cat exposure
<input type="checkbox"/> Length	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Width	<input type="checkbox"/> Flood
<input type="checkbox"/> Locking for ships	<input type="checkbox"/> Storm
<input type="checkbox"/> Aqueducts	
(b) Environment	(d) Climate situation
<input type="checkbox"/> Traffic/ Use	<input type="checkbox"/> Frost

Construction Details	Commencement Date		Duration of Construction	<i>months</i>		
	Completion Date		Maintenance Period	<i>months</i>		
	No. of Extension					
	Extension Reason(s)					
Details on Subsoil Conditions	Subsoil Conditions:					
	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled Ground <input type="checkbox"/> Others _____					
	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 photo of plans</i>						
Ground water level						
Details on nearest river, lake, sea, etc.	Name of the river/ lake/ / sea/ etc.					
	Distance					
	Water Level <i>(Indicate the lowest & highest record)</i>	Low		Mean		High
Warning system for flood and inundation	Please give details of the warning system(s) available:					
Details on meteorological conditions	Rainy Season	From:		To:		
	Maximum Rainfall (mm)		Per Hour		Per Day	Per Month
	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 (e.g. clearing of culverts, bridges, underpass, overpass, painting work)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is in charge of maintenance work?					
	Are staff being specially trained for maintenance work?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Details about the Structure	<p>Is the structure observed or occupied full time by own staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If YES, please indicate number of staff permanently present</i></p>																		
Details about Repair Work (if any)	<p>Has major repair work taken place since completion of original construction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If YES, please give details of repair done</i></p>																		
Details about nearby construction work (if any)	<p>Is there any construction work in the vicinity which would affect the structure during the insurance period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If YES, please give details of repair done</i></p>																		
<p>What was the amount of the original costs for building the whole structure?</p> <p><i>Please provide the breakdown of the original cost for major sections of the structure (e.g. for bridges, abutment superstructure, column, foundation)</i></p>																			
Insured amount and the limits of indemnity required	<p>Please state the amount to be insured and the limits of indemnity required for the following items:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Items to be Insured</th> <th style="width: 30%;">Sums to be Insured</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> New replacement value of whole structure <i>(Breakdown of the original cost for major sections of the structure (e.g. for bridges, abutment superstructure, column, foundation and others))</i> </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Removal of debris <i>(Insured only up to amount indicated)</i> </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px; text-align: right;">Total sum to be Insured</td> <td style="padding: 5px;"></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Special Risks to be Insured</th> <th style="width: 30%;">Limits of Indemnity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><i>(Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event)</i></td> </tr> <tr> <td style="padding: 5px;">Earthquake, volcanism, tsunami</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Storm, cyclone, flood, inundation, landslide</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Items to be Insured	Sums to be Insured	New replacement value of whole structure <i>(Breakdown of the original cost for major sections of the structure (e.g. for bridges, abutment superstructure, column, foundation and others))</i>		Removal of debris <i>(Insured only up to amount indicated)</i>		Total sum to be Insured		Special Risks to be Insured	Limits of Indemnity		<i>(Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event)</i>	Earthquake, volcanism, tsunami		Storm, cyclone, flood, inundation, landslide			
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Removal of debris <i>(Insured only up to amount indicated)</i>																			
Total sum to be Insured																			
Special Risks to be Insured	Limits of Indemnity																		
	<i>(Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event)</i>																		
Earthquake, volcanism, tsunami																			
Storm, cyclone, flood, inundation, landslide																			

DECLARATION

- I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.
I/We understand that this Insurance cover will not be enforced until and unless this Proposal has been accepted by Etiqa General Insurance Berhad
- I/We, agree, consent and allow Etiqa General Insurance to process my personal data (including sensitive personal data) (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, understand and agree that any Personal Data collected or held by Etiqa General Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Insurance to individuals and/or organizations related to and associated with Etiqa General Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and 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 concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General Insurance via email at PDPA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.
- Please provide Etiqa General Insurance with bank account details so that Etiqa General Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.
 - Account Holder's Name
 - Bank Name
 - Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa General Insurance, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa General Insurance shall be discharged from any existing and future claim and demand in relation to it.



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
		Yes	No	Yes	No
1.	Duly Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Details to be Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	