

To be completed by Branch Staff

- EIW Ref. No:
- Policy/ Certificate No:

APPLICATION FORM

ENGINEERING – STORAGE TANK

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact both life and 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: No. of Years in Business:						of Years in Business:		
GST Tax Details (If applicable)	Registration	n No.			0	GST T	Tax Registration Da	te		
Occupation/ Nature of Business										
Contact Details	Phone	Mobile:			Hou	ıse:			Office:	
	Fax No.				Ema	ail				
Address										
	Postcode:			Town:			State) :		
Bank Account Details	Bank Name	!								
(Current or Savings Account)	Account Type			Curren	t			Sa	avings	
	Account Number									
	Account Effective Date									
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 storage tank to be insured previously been covered by other insurer(s)?	Yes If YES, please provide the item(s) of the machinery and the name Insurer: No									
Has your storage tank sustained any damage from breakdown or other cause during last three (3) years	Yes If YES, please provide details of damage(s) and repair cost (RM): No									



Do you wish to insure the foundations of the storage tank Do you wish the cover to include extra charges (in case of loss) for b) Air freight? If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b) Give details of any special extension of cover required Maintenance of storage tank Do noce a month or less Every quarterly Half yearly Once a year Nil Date of last thorough examination of machinery Yes No No If YES, please indicate which Items are excluded and why? The sea answer the following specifications in respect of values and limits to insure: Specification RM Please answer the following specifications in respect of values and limits to insure:	Claims History for the past three	Claim(s) Inc	curred	No. of Claim					
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Please provide breakdown values by types of tanks if so required	b) Maximum Value of contents:								
	Please provide breakdown values by								
i. ii.									
iii.									
iv.									
d) Total values insured for Contents									
Please provide breakdown values by types of contents if so required: i.									
ii.									
iii.									
iv.									



TABLE: SPECIFICATION OF ITEMS TO BE INSURED

Note:

- 1) Please give full description of all storage tank in column No. 6 including name of manufacturer, type, thickness, internal lining, air vents / tank (if any), Description (cylindrical, spherical, horizontal, vertical, rectangular etc.), Describe tank top (fixed or floating etc.), Describe relevant equipment connected to tanks, e.g. piping, pumps etc, Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc, material stored etc.
- 2) Replacement value in column No. 10 must be calculated on the current cost of replacing the storage tank by new storage tank of same kind and capacity 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 tank.

Item No.	Contents of tank(s)	Situation of Tank (i.e. at outdoors (ground raised) OR indoors (on which floor), mobile	Type of foundation, if any (e.g. piles used etc)	Type of roof Fixed or Floating	Description of items (See Note 1)	Pressurized? Describe working pressure if any	Heating element? Describe working temperature and source of heating	Year of Manufacture	Replacement Value (See Note 2)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)



DECLARATION

- 1. 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 Application has been accepted by Etiqa General Insurance Berhad
- 2. 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.
- 3. 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 Oneline at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

- 4. 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 payment and Etiqa General Insurance shall be discharged from an	e Auto Credit account details provided in this application, such payment will be deemed as full ny 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	DOC	UMENT	AVAILBIL	.ITY
1.	Duly Completed Application Form	Yes		No	
2.	Documentation to support the information needed requested in the Application Form	Yes		No	
3.	Layout Plan	Yes		No	
4.		Yes		No	
5.		Yes		No	
6.		Yes		No	
7.		Yes		No	

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					