

- 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: | |
| 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> : | | |
| 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)? | <input type="checkbox"/> Yes | If YES, please provide the item(s) of the machinery and the name Insurer: | | | |
| | <input type="checkbox"/> No | | | | |
| Has your storage tank 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Premium Paid (RM)</th> <th style="width:30%;">Claim(s) Incurred</th> <th style="width:10%;">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 | | | | | | | | | | | | | | |
|---|---|------------------------------------|-------------------|-------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Year | Premium Paid (RM) | Claim(s) Incurred | No. of Claim | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Do you wish to insure the foundations of the storage tank | <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) | | | | | | | | | | | | | | | | | | |
| Give details of any special extension of cover required | | | | | | | | | | | | | | | | | | | |
| Maintenance of storage tank | <input type="checkbox"/> Once a month or less <input type="checkbox"/> Every quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Once a year <input type="checkbox"/> Nil | | | | | | | | | | | | | | | | | | |
| Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Do you have any other storage tank not included in this Application? | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate which Items are excluded and why? | | | | | | | | | | | | | | | | | | |

Please answer the following specifications in respect of values and limits to insure:

| Specification | RM |
|--|----|
| a) Average value of contents any one time (in total) | |
| b) Maximum Value of contents: | |
| c) Total Sum Insured for Tanks <i>Please provide breakdown values by types of tanks if so required</i> | |
| i. | |
| ii. | |
| iii. | |
| iv. | |
| d) Total values insured for Contents <i>Please provide breakdown values by types of contents if so required:</i> | |
| i. | |
| ii. | |
| iii. | |
| iv. | |

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.

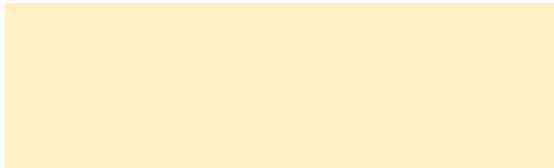
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa General Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General Insurance via email 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 Online 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 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 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"/> |
| 3. | Layout Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. | | 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 |