

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

APPLICATION FORM

PLATE GLASS

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:			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 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"/>							
Account Effective Date									

Policy Information

Period of Insurance		From (dd/mm/yyyy):				To (dd/mm/yyyy):			
Nature of Business <i>(Please provide if different against same question under Company Proposer)</i>									
Address of premises in which Glass to be Insured is Fixed <i>(If more than one, state all in a separate document)</i>		Postcode:		Town:		State:			
Specification of Glass to be Insured		Item		Plate or sheet, plain, lettered, stained, silvered or ornamented or bent, or ultra-violet ray glass				Sum Insured	
								Full Value (RM)	
								First Loss (RM)	

About the Premise(s)	<p>a) Are the premises situated at the corner of a street, near a school or children’s playground or in a dangerous or exposed position? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; please provide details</p>														
	<p>b) Have the premises where the Glass is fixed been erected or altered during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; please provide the following details:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 15%;">Item</th> <th style="width: 65%;">Details of Alteration</th> <th style="width: 20%;">Completion Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Item	Details of Alteration	Completion Date											
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About Plate Glass Protection	<p>a) Do you wish to cover lettering or painting? If YES; provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>b) Do you wish to cover damage to woodwork of showcases or window-frames? If YES; provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>c) Is the Glass to be insured free from cracks and other defects? If NO; provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>d) Have any breakages occurred during the last 12 months? If YES; provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
Has any takaful operator/ insurance company in respect of any of the perils to which this Application relates to the following questions:	<p>a) Declined to cover/ insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>b) Required special terms to cover/insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>c) Cancelled or refused to renew your takaful/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>If you have answered ‘YES’ for any of item above, please give details</p>														

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 Application 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	<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.	Specification of Glass to be Insured	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

VERIFICATION OF PROPOSER'S IDENTITY

In Compliance With Section 16/2 of The Anti-Money Laundering Act 2001:

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*			
Name of Officer/Intermediary	MyKad No / Business Registration Certification	Signature	Date

* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

Note: To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	