

Laws or Regulations	a) Does any Laws or Regulations governing the conduct or maintenance or premises apply to your premises? If YES, state such Laws and Regulations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	b) Have you carried out all the obligations imposed on you by such Laws and Regulations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
About Your Machinery	a) Do you have circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If YES, provide details	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? If NO, provide details	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	c) Is Your Boiler and Machinery certificated under the Machinery Ordinance or Enactment? If NO, provide details	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
About Substance(s) Produced	State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
About Your Manufacturing	a) Do you manufacture, dress, handle or use asbestos or materials containing silica?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	b) Do you have a foundry?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
About Sub-contractors	Are sub-contractors workmen included in this Takaful? If YES, state sub-contractors' names 1. 2. 3.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
State number of accident to your employees and diseases incidental to their occupations during the past 3 year	<table border="1"> <thead> <tr> <th>Year</th> <th>Occupation</th> <th>No. of Accident</th> <th>Incidental Disease(s)</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	Occupation	No. of Accident	Incidental Disease(s)																
Year	Occupation	No. of Accident	Incidental Disease(s)																		
Has any takaful operator/ insurance company in respect of any of the perils to which this proposal relates to the following questions:	a) Declined to cover/ insure you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	b) Required special terms to cover/insure you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	c) Cancelled or refused to renew your takaful/insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																
	If you have answered 'YES' for any of item above, please give details																				

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 Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa General Takaful

2. I/We, agree, consent and allow Etiqa General Takaful to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of takaful, 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 Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Takaful to individuals and/or organizations related to and associated with Etiqa General Takaful 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 Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa General Takaful branches or contact Etiqa General Takaful 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.

3. I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/We are entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to You, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I/We understand that at the end of each financial year, the distributed surplus (if any) from the General Takaful Fund will be determined by Etiqa General Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to You as an incentive for operating and managing the General Takaful Fund, the balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year.

I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into charity fund which will be utilized as 'amal jariah' on behalf of the participants.

4. Please provide Etiqa General Takaful with bank account details so that Etiqa General Takaful can credit a refund of contribution, or payment of claims or Takaful benefits, if any. Please ensure that the account is active and belongs to the Certificate holder.

- 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 Takaful, 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 Takaful 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			
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"/>
5.		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