

To be completed by Branch Staff

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

APPLICATION FORM

PUBLIC LIABILITY

Etiqa General Takaful Berhad (Etiqa General Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both life and general takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful 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 Takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of Takaful.

The above duty of disclosure shall continue until the time your contract of Takaful 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 Takaful 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 No.			GST 1	ax Registration Date		
Occupation/ Nature of Business							
Contact Details	Phone	Mobile:		House:		Office:	
	Fax No.		Email		'		
Address							
	Postcode:		Town:		State:		
Bank Account Details	Bank Name						
(Current or Savings Account)	Account Type		Current Savings				
	Account Number						
	Account Ef	ective Date					
Certificate Information	1						
Cover Type Required	Ann	ual Certificate			Contract Certificate	9	
Period of Insurance	From (dd/mm/yyyy):			To (dd/mm/yyyy):			
Nature of Business (Please provide if different against same question under Company Proposer)							
Jurisdiction Limit	Territorial Limit						
General Description and Occupation of Premises/ Sites of Contracts					· · · · ·		
	If Premises, state number of building				If Contracts, state the contract value (RM)		



Occupation of the Building(s) * Delete whichever not applicable	a) Use as Religious ins cinema, theaters?* If YES; state seating	Yes	No No		
	b) Used as Club(s) If YES; state number of members			Yes	No
	c) Used as Hotel(s) or Boarding House(s)* If YES; state number of members			Yes	No
Location of Premises/ Sites of Contracts					
	Postcode:	Town:	s	itate:	
State limit of indemnity required in respect of	a) Any One Accident	RM	b) Any One Period of Insu	rance RM	
About Building(s) Occupancy	a) Do you occupy the whole of the premises? Yes No If NO, provide details				
About the Premise(s)	a) If work is carried ou premises	tate your status to the said	Owne	r 🗌 Tenant	
	b) Do you operate a canteen in your premises? Yes If YES, provide details				No No
About appliance, machinery or engine used at the Premise(s)	a) Are all your premis state of repair?	es, appliances, machinery	, engines and plant in good	Yes	No
	b) State particulars of any appliance, machinery or engine used (other than lifts, elevators, escalator cranes and hoists)				
About storage/ usage of radioactive substances or devices, explosive or chemicals	Do you have storage/ usage of radioactive substances or devices, explosive Yes No or chemicals? If YES, provide details				No No
About Takaful/ Protection Coverage	a) Do you wish to cover your liability for damage to property caused by Yes Fire or Explosion? Yes b) If any of your contract work is sub-let, do you wish to cover your Yes liability for claim arising from the operations of sub-contractors? Yes				No
					No
	If YES, please provide following details:				
	i. Nature of sub - contractors' work: ii. Estimated amount of contracts:				
Give particulars of all Third Party	Year	Description of Third Par	rty Claims Made	Name of the	e Third Party
claims made upon you during the last 3 years					



What other insurance(s) or	Other insurance(s) or Takaful(s):						
Takaful(s) do you have with the Company?	No. Name of Certificate/ Insurance Owned		Name of Insurer/ Takaful Operator				
Has any takaful operator/	a) Declin	ed to cover/ insure you?	Yes No				
insurance company in respect of any of the perils to which this Application relates to the	b) Requir	ed special terms to cover/insure you?	Yes No				
following questions:	c) Cancel	led or refused to renew your takaful/insurance?	Yes 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 Application 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 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 Oneline at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

 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.



DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOC	AVAILBI	ITY
1.	Duly Completed Application Form	Yes	No	
2.	Documentation to support the information needed requested in the Application Form	Yes	No	
3.		Yes	No	
4.		Yes	No	
5.		Yes	No	
6.		Yes	No	
7.		Yes	No	
8.		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			

Etiqa Oneline 1300 13 8888

Ahli Kumpulan 🛞 Maybank