

Fire Takaful Application Form (Residential)

Important Notice:

- Etiqa Takaful Berhad (Etiqa Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both family and general takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).
- Before you sign this Application Form, please read the IMPORTANT NOTICE below and if you require, obtain a full and detailed explanation of the notes mentioned from the agent.
- 1. In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Participant wherever applicable.
- 2. Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful wholly for the purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Application Form. You must answer all questions in this Application Form fully and accurately.

Failure to take reasonable care in answering the questions 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. In addition to answering the questions in this Application Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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.

- 3. You must notify Etiqa Takaful in writing should there be a change to any answers or declarations in this application prior to the date of issuance of the certificate.
- 4. Please ensure that the agent has presented and fully explains the recommended product in the language that you understand and provides you with the product disclosure sheet and brochure (if any) for your consideration. Please seek clarification from the agent should you not understand any of the terms and conditions therein especially with regards to the benefits available and your duties under the certificate contract
- 5. Please note the 60 days Contribution Warranty attached to the certificate. By this warranty, the certificate is automatically cancelled unless the full contribution is paid to Etiqa Takaful within 60 days from commencement date of cover.
- 6. All contributions (if applicable) will be subject to relevant charges or taxes as deemed necessary by the Malaysian tax authorities. Please retain the receipt as proof of payment of contribution.
- 7. The sum to be covered must represent the Full Value of the buildings and or contents. The participant shall be considered as being his own takaful cover for the difference and shall bear the prorated loss accordingly in the event of undercover.
- 8. Please contact Etiqa Takaful's Customer Contact Centre if you do not receive the certificate within fourteen (14) business days from the submission of this application and all supporting documents.
- 9. You may cancel your certificate at any time by giving us a written notice. Upon cancellation, any refund of contribution would be based on the conditions stipulated in the certificate.
- 10. Please notify the agent or Etiqa Takaful of any change in your correspondence address and contact details, to enable Etiqa Takaful to effectively communicate with you.
- 11. If you have an enquiry or require further information, please contact Etiqa Takaful's Customer Contact Centre via e-mail at info@etiqa.com.my or telephone within Malaysia 1 300 13 8888, If you have a complaint, dispute, or feedback, please contact Etiqa Takaful Complaints Unit via e-mail at cmu@etiqa.com.my, telephone within Malaysia at 1300 13 8888 or from overseas at +603 2780 4500, facsimile to +603 2785 3093, or by post at Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No.1, Jalan Maarof, 59000 Kuala Lumpur
- 12. The Consumer Education Programme is available at www.insuranceinfo.com.my. Enquiries, complaints, disputes and feedback may be referred Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, telephone at 1 300 88 5465, facsimile to +603 2174 1515, or by post to BNMTELELINK, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O.Box 10922, 50929 Kuala Lumpur. You may refer to the Financial Mediation Bureau via e-mail at enquiry@fmb.org.my, telefon at +603 2272 2811, facsimile to +03 2272 1577, or by post to Level 25, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur on any disagreement with regards to your claims.
- 13. In the event of accident, you are to immediately notify Etiqa Takaful in writing or call Etiqa Claims Assist at 1300 88 1007. Visit our website at www.etiqa.com.my to download the claim form. Complete and submit the claim form as soon as possible together with related documents to support the claim to our nearest branch.

| Individual Application | Company Application | | | | | | | | |
|-------------------------------|------------------------------|--|--|--|--|--|--|--|--|
| Title | Company Name | | | | | | | | |
| Name | | | | | | | | | |
| MayKad No. | | | | | | | | | |
| Army/Police/Passport No. | Company Registration No. | | | | | | | | |
| Gender Date of Birth | Date of Company Registration | | | | | | | | |
| Marital Status Single Married | Contact person | | | | | | | | |
| Divorced Widowed | | | | | | | | | |
| Occupation | Nature of Business | | | | | | | | |

| Phone No. | | | |
|--------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| Mobile: House | : Office: | Fax No: | E-Mail |
| Correspondence Address | | | |
| | | | |
| | | | |
| | | | |
| Postcode: | Town: | | State: |
| Goods and Services Ta | x (GST) | | |
| Are you a registered tax p | erson* under the Goods and Ser | rvices Tax (GST) Act 2014? | └ Yes └ No |
| 2. GST Registration Number | | | |
| Date Of Registration | | | |
| 4. What is the purpose of this | takaful? Personal Use | Business Use | |
| *Note: | | | |
| | der Goods and Services Tax Ac | | |
| tax credit on any GST incurred | a to cnarge output tax on his tax d on his purchases which are inp | able supply of goods and serv outs to his business. | rices made to his customers. He is allowed to claim input |
| To be filled by Individua | al Application only | | |
| Education Level | Primary | Secondary | Diploma Bachelor Degree |
| No. of Children in Family (please indicate the number) | 0 - 12 years | 12 years to 18 years | 18 years + |
| Monthly Household Income | Up to RM1,500 | RM1,501 - RM2,500 | RM2,501 - RM5,000 RM5,001 - RM8,000 |
| | RM8,001 - RM15,000 | RM15,001 - RM20,000 | RM20,001 + |
| Details of Takaful Requ | ired | | |
| Period of Takaful | from | | to |
| Location of premise to be | e covered | | |
| | | | |
| | | | |
| Destands | Tarre | 21.1 | |
| Postcode 3. Type of property: | Town | State | |
| Bungalow Se | emi-D Terrace Co | ondominium | Flat Townhouse |
| 4. Construction of building: | | | |
| Walls Bricks | Concrete Woods | Others (Please specify) | |
| Roof Concrete | Tiles Zinc | Others (Please specify) | |
| Floor Reinforced | Concrete Woods | Others (Please specify) | |
| 5. No. of Storey(s) | | | |

| Descrin | otion of property to be covered | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|
| Item | Description | Sum to be covered | (RM) |
| 1A | Buildings (Excluding Foundation) | | , |
| 1B | Buildings (Including Foundation) | | |
| 2 | Rent Months | | |
| 3 | Fixtures and Fittings | | |
| 4 | Household Furniture & Personal Effect | | |
| 5 | Removal of Debris | | |
| 6 | Architects, Surveyors and Consulting Engineers Fees | | |
| 7 | Others (Please specify) | | |
| | | Total | |
| cor bui | ntained in two or more distinct buildings, the sum to be covered to ilding, a sketch plan showing the various buildings must be submitted in the submitted in t | certificate) | епестs re than |
| Addition | nal Perils. Please tick (🗸) if cover is required and/or delete wh | | |
| lood | | Impact Damage | |
| loou | | a) Including own vehicle | |
| | | b) Excluding own vehicle | |
| | | Funtacione | |
| torm o | nd Tampaat | Explosion: | |
| otorm a | nd Tempest | a) Without boilers (Industry / Non-Industry) | |
| | | b) With boilers (Industry / Non-Industry) | |
| Earthqua | ake and Volcanic Eruption | Bush / Lallang Fire | |
| Subside | ence and Landslip (Standard cover) | Aircraft Damage | |
| Damage | e by Falling Trees or Branches and Objects therefrom | Riot, Strike and Malicious Damage | |
| | | Bursting and Overflowing of Water Tanks Apparatus or Pipe | |
| Electrica | al Installation | a) Building exceeding 5 storey (including mezzanine) | |
| | | | |
| | | b) Others (Please specify) | |
| aful Hi | istory and Losses | | |
| | any business carried on in your home or any portion of the buil lease give details. | ding being used other than as residential? | |
| s the pr | roperty to be covered charged to any bank? If yes, please give | the name of the bank. | |
| Will the | property be left unoccupied continuously for more than 90 days | Se? | |
| | choose type of residency. | tent Out Holiday House | |

| 13. | Please identify the | e security measure us | ed on your property: | | | | | | | | |
|-----|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------|--|--|--|--|--|--|
| | Grilles on al | All outside doors and windows have locks and deadlocks Grilles on all outside windows (up to 3 stories) CCTV on all outside access point Alarm system connected to 24 hour response permanent physical guard person | | | | | | | | | |
| 14. | | | I any lost experience for the past & cause of claim(s), date(s) and | t 2 years on this or any other property | y Yes N | | | | | | |
| | Date | Amount | Nature of Claim | Cause of Claim | Risk Improvement Done | | | | | | |
| | | | Fire Windstorm Bursting of pipes Flood Explosion Others, please specify | Normal Fire Short circuit Lighting Others, please specify | | | | | | | |
| | | | Fire Windstorm Bursting of pipes Flood Explosion Others, please specify | Normal Fire Short circuit Lighting Others, please specify | | | | | | | |

Declaration / Agad

- 1. I/We am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the certificate, a claim not being paid, or the terms and conditions of the certificate being changed.
- 2. I/We agree to notify Etiqa Takaful in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the certificate. I/we agree that failure to notify Etiqa Takaful of any such change, may result in termination of the certificate, a claim not being paid, or the terms and conditions of the certificate being changed
- 3. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Application Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
- 4. I/We have understood that the purchase of extended coverage is not compulsory and is at my/our sole discretion. I/we understand the need for this extended coverage before consenting to include them to my/our basic contract with an additional contribution.
- 5. I/We understand and agree that the takaful coverage I/we have applied for shall only take effect on the date the CERTIFICATE HAS BEEN ISSUED by Etiqa Takaful which follows the underwriting assessment, and provided that the full contribution has been received by Etiqa Takaful. If the initial contribution is paid via cheque, I/we understand that the takaful coverage will only commence after the cheque has been cleared.
- 6. I/We further declare that the agent has presented and fully explained to me/us in the language that I/we understand the information contained in the product disclosure sheet and brochure (if any) in respect of the products and its benefit(s), features as described therein and I/we make this declaration with full knowledge and awareness the nature and effect of the information presented to me/us.
- 7. I/We also declare that the total sums to be covered represents not less than the full value of the building and or contents mentioned above.
- 8. 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 underwriting surplus (if any) from the General Takaful Fund will be determined by Etiqa 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.

9. I/We, agree, consent and allow Etiqa 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 Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa 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 Such request can be made by completing PDPA@etiqa.com.my. In accordance with Etiqa Oneline at 1300 13 8888 for the detai I/We agree, consent and allow Etiqa Takaft third parties (other entities) as Etiqa Takaft about products and services that may be of Yes No Note: If you no longer wish to receive the stop processing and sharing your Personal doubt, the withdrawal does not include products. 10. Please provide Etiqa Takaful with bank a payment or payment of claims or takaful be | g the Acce the provis ils of my/c ul to share ul deems f interest t se market I Data with cessing of | ess laions our P e my fit ar to me | Reque s of the ersona /our Pend I/we e/us. | st Formal Person in may unical er er dator in mat E | sona ta. S nal D rec tions ntities y Pe | avail al Da Such Pata eive s, ple s for rson | lable info with e ma | e at Prote rma Ma Ma rket e no pur lata | all ection ation by batting tify postify nor cr | Etiqi sha nk G com Etiqi e of | a Ta ct 20 ill on Group mun a Ta send | kafu 10, ly be b, Eti icati kafu ding | Il bra I/we gra iqa i on fi I to you | anch ma anteo Taka rom with mai | nes y co d up iful's Etiq drav ketii | or contact on votage and votage a | contact the verificant of akaf | e Cu catic or str ful or conse | tiqa ston on. rateg fror ent a catio | Takener Signer S | caful Servinartne ese co Etiqa For a | via ice (ers a othe a Ta avoi | ema Centi and cer ent | ail at re at other tities |
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| Account Holder's Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Current / Savings Account Number | | | | | | | | | | | | | | | | | | | | | | | | |
| Should I/we not provide an updated bank a be utilized for the same purpose. I/We agree that where payment has been n as full payment and Etiqa Takaful shall be o | nade, bas | ed o | n the A | Auto | Cred | dit ac | ccou | nt c | detai | ls pr | ovid | ed ir | n thi | s ap | plica | atior | n, su | | | | | | • | |
| Signature of Applicant / Compan | ny Stamp | | | | | | | | | | | | | | ate | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| For Office Use | | | | | | | | | | | | | | | | | | | | | | | | |
| Source: HQ / Branch | | | | | | | Sa | les | Cha | nnel | Coc | le : | | | | | | | | | | | | |
| Channel: | | | | | | | Sa | les | Cha | nnel | Nan | ne: | | | | | | | | | | | | |