

Nama Ejen
Agent's NameNo. Nota Lindung
Cover Note No.Kod Ejen
Agent's Code

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QUESTIONNAIRE AND PROPOSAL TAKAFUL FORM FOR ERECTION ALL RISKS

NOTIS PENTING:
Kontrak Takaful Pengguna

Menurut Perenggan 5 dari Jadual 9 Akta Perkhidmatan Kewangan Islam 2013, jika anda memohon takaful ini sepenuhnya bagi tujuan yang tidak berkaitan perdagangan, perniagaan atau profesi anda, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak takaful anda, keengganan atau pengurangan gantirugi, perubahan terma atau penamatkan kontrak takaful anda.

Kewajipan penzahiran di atas hendaklah berterusan sehingga kontrak takaful anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk menzahirkan apa-apa perkara lain yang anda tahu boleh mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak takaful anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

Kontrak Takaful Komersial

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan Islam 2013, jika anda memohon takaful ini bagi tujuan yang berkaitan dengan perdagangan, perniagaan atau profesi anda, anda berkewajipan untuk menzahirkan apa-apa perkara yang anda tahu boleh mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak takaful, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatkan kontrak takaful anda.

Kewajipan penzahiran di atas hendaklah berterusan sehingga kontrak takaful anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak takaful anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

IMPORTANT NOTICE:
Consumer Takaful Contract

Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful wholly for 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 this Proposal Form. You must answer the questions in this Proposal 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 Proposal 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 Proposal Form is inaccurate or has changed.

Non-Consumer Takaful Contract

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 Proposal Form is inaccurate or has changed.

*Pengeluaran sijil akan mengambil masa selama 14 hari bekerja dengan mengemukakan data-data yang lengkap untuk kes-kes yang standard.

*Issuance of certificate will take 14 working days by filling complete information for standard cases.

1. Name & Address of Proposer :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
Postcode	Town	<input type="text"/>													
State	<input type="text"/>														
2. No. Pendaftaran Syarikat / Perniagaan / Pertubuhan Company / Business / Society Registration No.	<input type="text"/>														
	<input type="checkbox"/> Syarikat	<input type="checkbox"/> Perniagaan	<input type="checkbox"/> Pertubuhan	<input type="checkbox"/> Institusi Pendidikan				<input type="checkbox"/> Lain-lain							

3. Jenis Perniagaan / Aktiviti : Business Type / Activities	<input type="text"/>		
4. No. telefon : Telephone no.	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. No. faks : Fax no.	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Name & Address of Principal :	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/> State <input type="text"/>		
6. Name(s) and address(es) of Contractor(s) and subcontractor(s) ¹ :	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/> State <input type="text"/>		
7. Manufacturers of main items Name(s) & Address(es) :	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/> State <input type="text"/>		
Name(s) & Address(es)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/> State <input type="text"/>		
8. Name(s) of party (parties) : Comprising the Insured ¹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
9. Title of Contract (if project consists of Several Sections, Specify Section(s) to be insured)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
10. Location of Erection Site :	<input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/> State <input type="text"/>		

¹ If necessary, on a separate sheet.

11. Consulting Engineer :

Postcode Town

State

12. Exact description of the property to be erected (if second hand items are to be erected, please state).

In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; in case of complete factories: general drawing of plant, nature of civil engineering work (if any)

13. Period of Takaful

Commencement of Takaful

Duration of pre-storage months

Commencement of erection work

Duration of erection/construction months

Duration of testing weeks

If Maintenance Coverage Required

Duration of Maintenance months

Type of coverage required

Termination of takaful

14. Have plans, designs and materials of the kind used In this project been used and/or tested in

a) previous constructions

yes* no

b) previous constructions by the Contractor(s)

yes* no

*Please give details of similar Projects carried out by Contractor(s)

15. Is this an extension of an existing plant?

yes* no

*Will operation of existing plant continue during erection period?
(Enclose plans where available)

yes* no

16. Have the buildings and civil engineering works already completed?

yes no

17. Work to be carried out by subcontractors

18. Is there any aggravated risk of:

Fire, explosion yes no

Flood, inundation yes no

Landslip, storm yes no

Blasting yes no

Other hazards _____

* If so, give details

19. Nearest river, lake, sea, etc. Name _____

Distance _____

Elevation of site above	a. low water	m ft.	b. mean water	m ft.
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c. highest level recorded	m ft.
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yes no Limit of Indemnity _____

20. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the principal, to be covered against loss or damage arising out of or in connection with the contract works?

21. Is Third Party Liability to be included?

* Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible)

22. Do you wish cover to include extra charges (in case of loss) for :

express freight, overtime, night work,
air freight? yes no

yes no

23. Give details of any special Extension of cover required

24. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Certificate Wording, Section I, Memo I and Section II)
Section I – Material Damage

Items to be Covered	Sums to be Covered (State below separately)
1. Erection works, split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties & Dues	
1.4 Cost of erection	
2. Civil Engineering Works	
3. Construction/Erection Equipment (Tools equipment and temporary buildings, scaffolding, hoardings, formwork and falsework)	
4. Construction/Erection Machinery	
5. Clearance of Debris (Limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (limit of indemnity-see Memo 4 of Certificate)	
Total Sum to be Covered under Section 1:	

Section II – Third Party Liability

Covered Items	Limits of Indemnity ²
Bodily Injury – any one person	
Bodily Injury - total	
Property Damage	
Or alternatively: Combined Single limit of	

²Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

NOTE: ENSURE THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE AS INACCURACY OR NON DISCLOSURE OF THE REQUESTED INFORMATION OR OTHER MATERIAL FACTS COULD PRECLUDE RECOVERY OF ANY CLAIM UNDER THE CERTIFICATE.

**DECLARATION AND SIGNATURE
I WE DECLARE THAT**

1. All answers and statements made in the proposal are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.
2. Any question not answered shall be taken in the negative.
3. This proposal and declaration shall be the basis of the Certificate and considered as being incorporated therein.
4. I/We shall accept a certificate subject to the usual conditions prescribed by the Takaful Operator therein.

Date: _____

Signature of Proposer: _____

**PERKONGSIAN LEBIHAN
SURPLUS SHARING**

Saya/Kami bersetuju untuk membenarkan ZURICH GENERAL TAKAFUL MALAYSIA BERHAD menguruskan caruman takaful Saya/Kami dengan mengenakan Yuran Wakalah seperti yang diluluskan oleh pihak berkuasa dibawah prinsip Wakalah, dan seterusnya ditempatkan ke dalam dana Takaful melalui satu akaun khas dikenali sebagai Akaun Pelaburan Risiko Pelbagai. Saya/Kami seterusnya bersetuju jika pada akhir tempoh Takaful seperti yang dinyatakan didalam Jadual yang dilampirkan bersama Sijil, terdapat lebihan bersih di dalam Akaun Pelaburan Risiko Pelbagai, 50% daripada lebihan bersih tersebut akan dikongsi di bawah kontrak Hibah secara berkadar oleh Peserta-Peserta yang tidak membuat sebarang tuntutan dan/atau menerima apa-apa manfaat berjumlah tidak melebihi 30% daripada caruman Takaful dibawah kelas risiko yang sama seperti yang dinyatakan didalam Jadual tersebut sementara Sijil tersebut berkuatkuasa.

I/We agree to allow ZURICH GENERAL TAKAFUL MALAYSIA BERHAD to manage My/Our takaful contributions by charging a Wakalah Fee as approved by the regulatory authorities under the principle of Wakalah, and subsequently continue to be placed into Takaful fund through a special account known as the General Risk Investment Account. I/We further agree that if at end of the period of Takaful stated in the Schedule attached to the Certificate, there is a net surplus in the General Risk Investment Account, 50% of the net surplus shall be shared under the contract of Hibah proportionately among Participants have not incurred any claim and/or not received any benefits amounting to not more than 30% of the Takaful contribution under the same class of risk as stated in the aforesaid Schedule whilst the Certificate is in force.

**PEMBAYARAN LEBIHAN MELALUI BANK
SURPLUS PAYMENT THROUGH BANK**

Bagi tujuan Pengagihan Lebihan (sekiranya ada), sila nyatakan maklumat perbankan anda:
For Surplus Sharing Distribution Purpose (if any), please provide your banking details:

* Nama Pemegang Akaun <i>Account Holder Name</i>	:	
* Nama Bank <i>Name of Bank</i>	:	
* Alamat Bank <i>Bank Address</i>	:	
* Nombor Akaun Bank <i>Bank Account Number</i>	:	
**Kod SWIFT <i>SWIFT Code</i>	:	
**Kod IBAN (jika berkaitan) <i>IBAN Code (if applicable)</i>	:	

Petunjuk/Legend:

- * Wajib diisi
Compulsory to fill up

Nama Pemegang Akaun mestilah sama dengan nama PEMOHON
Account Holder Name must be the same as the APPLICANT'S name

- ** Sekiranya anda mempunyai maklumat tersebut
If you have the details

**PERISYIHARAN
DECLARATION**

Saya/Kami dengan ini mengisyiharkan bahawa jawapan dan kenyataan di atas adalah benar, dan bahawa Saya/ Kami tidak merahsiakan sebarang maklumat yang berkaitan dengan Cadangan ini. Saya/Kami juga bersetuju bahawa Perisyiharan dan jawapan yang diberikan di atas, serta sebarang cadangan atau pengisyiharan atau kenyataan yang dibuat secara bertulis oleh Saya/Kami atau sesiapa yang bertindak bagi pihak Saya/Kami akan menjadi asas Kontrak di antara Saya/Kami dengan pihak **Zurich General Takaful Malaysia Berhad**,

dan Saya/Kami seterusnya bersetuju untuk menerima indemniti yang tertakluk kepada syarat dan endorsemen ke atas Sijil.
I/We hereby declare that the above answers and statements are true, and that I/We have withheld no information whatever regarding this Proposal. I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by Me/Ourselves or any one acting on My/Our behalf shall form the basis of the Contract between Me/Ourselves and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Certificate.

**AKTA PERLINDUNGAN DATA PERIBADI 2010
PERSONAL DATA PROTECTION ACT 2010**

Saya dengan ini mengesahkan penerimaan Notis selaras dengan Akta Perlindungan Data Peribadi 2010 dan bersetuju secara nyata dengan pemprosesan data peribadi saya serta data peribadi sensitif saya mengikut Notis yang dinyatakan di atas.

I hereby confirm receipt of the Notice pursuant to the Personal Data Protection Act 2010 and consent to the processing of my personal data as well as my sensitive personal data in accordance with the mentioned Notice.

Tandatangan Pemohon yang Sah dan Cop Syarikat
Applicant's Authorised Signatory & Company's Stamp

Nama /Name :

No. K/P / IC No :

Alamat / Address :

Tarikh / Date :

Tandatangan Saksi
Witness Signatory

Nama /Name :

No. K/P / IC No :

Alamat / Address :

Tarikh / Date :

To be completed by Insurance/Takaful Agents, Insurance/Takaful Brokers or Staff of Takaful Companies

**AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA
AKTIVITI HARAM 2001
ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUA 2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

Selaras dengan pamatuhan Seksyen 16 (3) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001 (AMLATFPUA 2001), Saya, dengan ini mengesahkan bahawa Nombor Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulennanya ketika urusniaga dijalankan.

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUA 2001), I hereby certify that the Applicant's original New NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Pengesahan Pihak Ketiga
Third Party Verification

**Tandatangan ejen Insurans, broker Insurans atau kakitangan Syarikat Insurans
Signature of Insurance agents, Insurance brokers or staff of Insurance
Companies**

Nama
Name

No. Kad Pengenalan Baru

New NRIC No.

Tarikh

Date

**Nota : Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan
borang cadangan ini jika Sumbangan melebihi RM50,000**

**Note : A copy of the Applicant's Business Registration Certificate must be submitted together with this
proposal if the Contribution exceeds RM50,000.**

TAX

*Semua caruman dan yuran yang tertera dalam dokument ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.
All contribution and fees shown in this document may be subject to tax or other government levies.*

Zurich General Takaful Malaysia Berhad (1260157-U)
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