

QBE COMBINED GENERAL LIABILITY Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
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SST Reg No: B16-1808-31042744
www.qbe.com/my

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 Proposal Form is inaccurate or has changed.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/>		
	<i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. DETAILS OF PROPOSER

Name(s) in full	<input type="text"/>		
Name of subsidiaries	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Tel <input type="text"/>
Period of Insurance	From <input type="text"/>	To <input type="text"/>	(dd/mm/yyyy)
Full description of your operations and activities (attach applicable brochure)	<input type="text"/>		
	<input type="text"/>		
Number of years in continuous business	<input type="text"/>		

B. GENERAL QUESTIONNAIRE

Note: All questions must be answered by the proposer and appropriately marked (✓) where applicable

- Limit of Liability required.
 - RM any one occurrence
 - RM in the aggregate for all Injury and/or Damage during the Period of Insurance

Clear 1

B. GENERAL QUESTIONNAIRE (Continuation)

2. Details of Premises (including overseas locations):

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1	Premises 2	Premises 3
Location			
Occupied as			
Age of premises	years	years	years
Please tick	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

For any additional premises please attached a schedule supplying details as above.

3. Estimated Payroll

Estimated Annual Payroll (including earnings of principals, directors, partners)

	RM	No. of Staff
Management, Clerical and Sales		
Manufacturing		
Work away from premises		
Payment to contractors and/or sub-contractors		
Other (please specify)		

4. Product Information / Estimated Annual Turnover

(a)

Description of Product	M) Manufacture (I) Import (D) Distribute	Total Turnover (RM)	Exports (RM)	Destination
TOTAL				

Attach product brochures, Annual Reports or other material if applicable.

(b) Do you operate a Quality Control / Recording System? Yes No

If "YES", please provide details including Australian or other relevant standards applicable.

(c) Estimated turnover for USA / Canada

5. Pollution

(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws? Yes No

(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes No

If "YES", please provide details.

(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws? Yes No

Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored.

B. GENERAL QUESTIONNAIRE (Continuation)

6. Care, Custody And Control

Do you require cover for property of others in your care, custody or control?
(no coverage is afforded unless specifically endorsed to the policy)

Yes No

(a) What limit of indemnity do you require?

RM

(b) What is the total value of such property at all locations?

RM

(c) What is the maximum value of any one item?

RM

Give brief description of such property

(d) Is coverage afforded by any other Policy of Insurance?

Yes No

If "YES", please give details.

7. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)?
If YES, please provide full details and attach copies of all agreements (other than lease liability)

Yes No

8. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee?

Yes No

(no coverage is afforded unless specifically endorsed to the policy) (b) for no fee

Yes No

If YES, please provide full details.

9. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following

Aircraft (including component parts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pesticides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethical Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fungicides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquid or gas fuels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Petrochemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Watercraft (exceeding 15 metres in length)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class 1 dangerous goods or ammunition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spacecraft or satellites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertilisers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radioactive material or any product containing asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If YES, please provide full details.

10. Claims and/or Loss Experience

(a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date (dd/mm/yyyy)	No. Claims Reported	Amount paid and outstanding	Applicable Excess	Description
To				
To				
To				
To				
To				

B. GENERAL QUESTIONNAIRE (Continuation)

10. Claims and/or Loss Experience (Continuation)

(b) After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above. Yes No

If YES, please provide full details.

(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? Yes No

If YES, please provide full details.

11. Previous Insurance History

After investigation has any proposed insured ever had any

(i) Insurance declined or cancelled? Yes No

(ii) Renewal refused? Yes No

(iii) Special conditions imposed? Yes No

(iv) Increased excess imposed? Yes No

(v) Claims denied for this class of insurance? Yes No

If YES, please provide full details.

C. DECLARATION AND SIGNATURE

Privacy Policy Statement

I/We understand, acknowledge, agree and consent that QBE Insurance (Malaysia) Berhad and all of its related companies (“QBE”) is permitted to collect, use, disclose and/or process my personal data revealed hereto. QBE is at liberty to disclose and transfer (including outside Malaysia) such personal data to relevant third parties provided that the revelation of my personal data is strictly for the purpose(s) in relation to the insurance which I have applied hereto, including but not limited to, the purpose(s) of: (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims; (ii) exercising any rights that QBE may have to recover monies from third parties; (iii) making reinsurance recoveries; (iv) investigating the accident and/or my claims; (v) carrying out and/or dealing with my instructions or responding to any enquiries by me; (vi) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); (vii) the development of databases on claims, claims statistics and/or claims development; and/or (viii) complying with applicable law in administering, processing, handling and/or dealing with my claims; (collectively the “Purpose”). My consent given hereto covers any repeated collection of my personal data in the same circumstances and is in line with the requirement set forth on the Personal Data Protection Act 2010.

QBE Insurance (Malaysia) Berhad is committed to ensuring the safety and security of your personal data. You may refer to our Privacy Policy Statement which is posted at our website www.qbe.com.my. If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

I/We do hereby declare that:

1. I am/we are authorised to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.

Proposer’s Signature:

Date: (dd/mm/yyyy)

and company stamp

D. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

In compliance with Section 16(2) of the ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING (AMENDMENT) ACT 2014

1. I/ WE hereby certify that I have verified and authenticated the Proposer's NRIC / Business Registration Certificate at the point of sales.
2. I/WE have maintained a copy of the NRIC of the applicants of individual insurance where premium is more than RM50,000.00, a copy of Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yyyy)