

# QBE ATLAS Cover™

MARINE CARGO INSURANCE

- for Personal Effects

## FLEXIWRITE Proposal

QBE ATLAS Cover helps  
carry the risk when your  
valuable goods are  
on the move.



QBE

ASIA PACIFIC

PACIFIC ISLANDS

# QBE ATLAS Cover™

MARINE CARGO INSURANCE

- for Personal Effects

## FLEXIWRITE PROPOSAL

### Contents

- A. NOTICE TO THE PROPOSED INSURED
- B. DETAILS OF THE PROPOSED INSURED
- C. CLAIMS DETAILS
- D. DETAILS OF PERSONAL EFFECTS
- E. JOURNEY
- F. DECLARATION

### A. NOTICE TO PROPOSED INSURED

#### 1. Disclosure of Relevant Facts

##### Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

#### 2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

#### 3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

#### 4. Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".



## 5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

## 6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
- and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

## 7. Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

## B. DETAILS OF THE PROPOSED INSURED

1. Name(s) in full:

  

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

  
  

3. Period of insurance: From

 /  / 

to

 /  / 

## C. CLAIMS DETAILS

1. Have you (in the past 5 years)

Please (✓)

1.1. made any claim(s) on an insurer for loss or damage?

Yes

No

If "YES", please give full details

  

1.2. had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?

Yes

No

If "YES", please give full details

  

1.3. suffered any loss or damage which would have been covered by the proposed insurance policy?

Yes

No

If "YES", please give full details

  

## D. DETAILS OF PERSONAL EFFECTS

1. Description of inner and outer Packing:

  


**2. Professionally packed**

Yes  No

**3. Personal Effects**

Unaccompanied items as listed below, carried under a contract of carriage (e.g. bill of lading, non-negotiable receipt, waybill, consignment note).

Type of cover (subject to relevant Institute Cargo Clauses)

A Accidental damage

B Accidental damage excluding breakage, chipping, denting, scratching and rubbing unless caused by fire or damage to conveying vehicle, vessel or aircraft.

Items marked in column A will be covered for All Risks as above.

INVENTORY: (Please state current market values and indicate cover required by ticking either column A or column B).

		Amount *	Cover	
			A	B
1.	Household/Personal effects			
	1.1 Television			
	1.2 Radios/Cassette recorders			
	1.3 Hi-Fi equipment			
	1.4 Video equipment			
	1.5 Camera/Photographic equipment			
	1.6 Refrigerator			
	1.7 Dishwasher			
	1.8 Deep freezer			
	1.9 Washing machine			
	1.10 Dryer			
	1.11 Microwave oven			
	1.12 Sewing machine			
	1.13 Typewriter			
	1.14 Computer			
	1.15 Vacuum cleaner			
	1.16 Food mixer			
	1.17 Power tools			
	1.18 Power mower			
	1.19 Musical instruments			
	1.20 Records/tapes			
	1.21 Books			
	1.22 Sports/Hobby equipment			
	<b>SUB-TOTAL: COVER A</b>			
	<b>COVER B</b>			



		Amount *	Cover	
			A	B
2.	<ul style="list-style-type: none"> <li>• <b>China/Furniture</b> crockery, china, glassware, crystal pictures, paintings, sculptures</li> <li>• <b>Household furniture</b> (All except that listed in section 1)</li> </ul>			
3.	<ul style="list-style-type: none"> <li>• <b>Linen, cutlery and clothing</b> <ul style="list-style-type: none"> <li>– Soft furnishing including curtains carpets, bedding and linen</li> <li>– Clothing</li> <li>– Cutlery, kitchen utensils and tools</li> <li>– Trunks and suitcase</li> </ul> </li> </ul>			
4.	Other Items. Please specify:			
	4.1 .....			
	4.2 .....			
	4.3 .....			
	4.4 .....			
<b>TOTAL SUM INSURED (SECTION 1-4):</b>				
			<b>COVER A</b>	<b>COVER B</b>

**E. JOURNEY**

From

Via (port of loading)

And (port of discharge)

To (final destination)

If storage required beyond normal course of transit, state place

And period anticipated

Vessel or

Sailing or

Conveyance

Despatch Date

Claims payable in

By



## E. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Name and position:

Signed:

Date

 /  / 

## Asia Pacific Head Office

Level 7, 345 George Street  
Sydney N.S.W. 2000  
Australia

Tel: +612 9375 4444  
Fax: +612 9375 4070  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

### Licensed insurers for the Pacific Islands region:

#### Fiji

QBE Insurance (Fiji) Limited  
QBE Centre  
Victoria Parade  
GPO Box 101  
Suva, Fiji

Tel: + (679) 331 5455  
Fax: + (679) 330 0285  
Info: [info.fiji@qbe.com](mailto:info.fiji@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### PNG

QBE Insurance (PNG) Limited  
QBE Building  
Musgrave Street  
P O Box 814, Port Moresby  
Papua New Guinea

Tel: + (675) 3212 144  
Fax: + (675) 3214 756  
Info: [info.png@qbe.com](mailto:info.png@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### Solomon Islands

QBE Insurance (International) Limited  
Panatina Plaza  
Prince Philip Highway  
P.O. Box 764  
Honiara  
Solomon Islands

Tel: + (677) 38884  
Fax: + (677) 38887  
Info: [info.sol@qbe.com](mailto:info.sol@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### Vanuatu

QBE Insurance (Vanuatu) Limited  
La Casa, D'Andrea Building  
Port Vila  
P.O. Box 186  
Vanuatu

Tel: + (678) 22299  
Fax: + (678) 23298  
Info: [info.van@qbe.com](mailto:info.van@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### French Polynesia

QBE Insurance (International) Limited  
Immeuble Gallieni  
Front de Mer  
P.O. Box 283  
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00  
Fax: + (689) 50 66 01  
Info: [info.fp@qbe.com](mailto:info.fp@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### New Caledonia

QBE Insurance (International) Limited  
5 Rue Anatole-France  
BP 449  
98845 Noumea-Cedex  
New Caledonia

Tel: + (687) 246300  
Fax: + (687) 287717  
Info: [qbe@qbe.nc](mailto:qbe@qbe.nc)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



**QBE**  
**ASIA PACIFIC**  
PACIFIC ISLANDS