

QBE Contractors All Risks Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad Registration No: 198701002415

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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IMPORTANT NOTICES

- 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.

QBE Agency No.: QBE Agency Name:

PERIOD OF INSURANCE

From To (dd/mm/yyyy)

A. PARTICULAR OF PROPOSER

Salutation: ☐ Mr ☐ Ms ☐ Miss ☐ Others (please specify)

Name of Proposer

Correspondence Address

Postcode City

State Country

Contact Number Email

Occupation (if more than one please state all)

1. Personal Details (For Consumer Contract)

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Single ☐ Divorced/ Widowed

Identification Number ☐ New NRIC ☐ Passport ☐ Military IC ☐ Others

Handphone Number Nationality

Date of Birth (dd/mm/yyyy) Tax Identification No.

2. Business Details (For Non-Consumer Contract)

Tax Identification No. Business Registration No.

SST Registration No. Tel No. (Office)

Trade or profession or nature of business

How long has the business been established?

B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE

| | | | |
|--|-------------------------------------|------------------------------|-----------------------------|
| 1. Name and address of owner/proposer | | | |
| | | | |
| | | Tel No. | |
| 2. Name(s) and address(es) of contractor(s) who has (have) built the structure | | | |
| | | | |
| | | Tel No. | |
| 3. (a) Name(s) and address(es) of subcontractor(s) | | | |
| | | | |
| | | Tel No. | |
| (b) Work carried out by subcontractor(s) | | | |
| | | | |
| | | | |
| 4. Name(s) and address(es) of Consulting Engineering firm | | | |
| | | | |
| | | Tel No. | |
| 5. Title of structure <i>(If the structure consists of several sections, please specify section(s) to be insured.)</i> | | | |
| | | | |
| | | | |
| | | | |
| 6. Location of structure. | | | |
| | | | |
| 7. Description of each section of structure <i>(Please give detailed technical information)</i> | | | |
| (a) Dimensions (length, height, depth, spans, number of floors, diameter, inclination) | | | |
| | | | |
| | | | |
| (b) Foundation (type, method and level of each section) | | | |
| | | | |
| | | | |
| (c) Construction methods applied | | | |
| | | | |
| | | | |
| (d) Construction materials used | | | |
| | | | |
| | | | |
| 8. Period of insurance | Commencement of insurance | | (dd/mm/yyyy) |
| | Duration of Construction | | months |
| | Date of Completion | | (dd/mm/yyyy) |
| | Duration of maintenance | | months |
| 9. Has the structure been insured? | (a) during the construction period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (b) after the construction period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Clear 2

B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

10. Has there been any accident, loss or damage?

(a) during the construction period? (If YES, please give details of cause and amount.)

☐ Yes☐ No

(b) after the construction period? (If YES, please give details of cause and amount.)

☐ Yes☐ No

11. Please advise of Special Hazards present

(a) Fire, explosion

☐ Yes☐ No

(b) Flood, inundation

☐ Yes☐ No

(c) Landslip, storm

☐ Yes☐ No

(d) Blasting

☐ Yes☐ No

(e) Volcanism, tsunami, earthquake

☐ Yes☐ No

(f) Other hazards

☐ Yes☐ No

If any of the above is answered YES, please give details

If you have answered YES, to item (e) please answer the following

(i) state intensity (Mercalli) and magnitude (Richter)

(ii) is design of the structure to be insured based on regulations for earthquake-resistant structures?

☐ Yes☐ No

(iii) is design standard higher than that stipulated in the relevant regulations?

☐ Yes☐ No

12. Subsoil conditions (If more than one stratum, state depth of each stratum starting at ground level to greatest excavation depth)

Rock ☐ papers ☐ sand ☐ clay ☐ filed ground ☐

Other subsoil conditions

Do geological faults exist in the vicinity?

☐ Yes☐ No

If YES, please comment

13. Topographical conditions and configuration of ground (e.g. angles of slopes)

(Please attach plans or photographs.)

14. Ground-water level

15. Nearest river, lake, sea, etc.

Name

Distance

Elevation of site above

low water

Meters

(a) mean water

Meters

(b) highest level recorded

Meters

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B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

16. Does a warning system exist for flood and inundation?

☐

Yes

☐

No

(If YES, please give details.)

17. Describe meteorological conditions: Rainy season from

to

Max rainfall (mm)

per hour

per day

per month

Storm hazard

☐

Minor

☐

Medium

☐

High

18. Is there any regular maintenance work?

☐

Yes

☐

No

(If YES, If so, please give details of such maintenance work)
(a) Does a time schedule and a check list exist for maintenance work
(e.g. clearing of culverts, bridges, under- and overpasses, painting work)?☐

Yes

☐

No

(b) Who is in charge of maintenance work?

(c) Are staff being specially trained for maintenance work?

☐

Yes

☐

No

19. Is the structure observed or occupied by your own staff full time?

☐

Yes

☐

No

If YES, please indicate number of staff permanently present

20. Has major repair work taken place since completion of original construction?

☐

Yes

☐

No

If YES, please provide details

21. Is there any construction work in the vicinity which would affect the structure during the insurance period?

☐

Yes

☐

No

If YES, please provide details

22. What was the amount of the original costs for building the whole structure?

Please give breakdown of original costs for major sections of the structure (e.g. for bridges: foundation, column, abutment, and superstructure)

23. Please state below the amounts you wish to insure or where applicable the limits of indemnity required

| Items to be insured | Sums to be insured (state below separately) |
|---|--|
| 1. New replacement value of whole structure (breakdown as under 22) | |
| 2. Clearance of debris (insured only up to amount indicated) | |
| Total sum insured | |

Section 2 - Third Party Liability

| Special Risks to be Insured | Limits of indemnity each and every loss or damage and/or a series of losses arising out of any one event. |
|---|---|
| a. Bodily injury - any one person | |
| b. Storm, cyclone, flood, inundation, landslide | |
| c. | |
| d. | |
| e. | |

Your comprehensive answers to the above questions are important to us. If there is insufficient space to answer any of the above questions, please continue on a separate sheet

C. DECLARATION AND SIGNATURE

(i) Privacy Statement -

I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

☐

Yes

☐

No

(ii) I/We do hereby declare that

1. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
2. I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
3. The liability of the Company does not commence until the application has been accepted.

☐

Yes

☐

No

(iii) I/We further agree that QBE Insurance (Malaysia) Berhad and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transitions.

☐

Yes

☐

No

Signature of Applicant

Date

(dd/mm/yyyy)

Name Of Applicant

Name of Intermediary

Business Address & Telephone no.

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

- 1) In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate was verified and authenticated by me at the point of sales.
- 2) I/We have recommended this product being purchased by the proposer, based on the information disclosed and other relevant information which are made available to me/us. I/We have taken reasonable steps to ensure the advice is suitable to the customer for the purpose of insurance coverage.

Name

NRIC No.

Signature &
Company Stamp

Date

(dd/mm/yyyy)

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