

QBE ERECTION 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?

Clear 1

B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE

1. Name and address of proposer		
	Tel	
2. Name and address of principal		
	Tel	
3. Name(s) and address(es) of contractor(s) and subcontractor(s)		
	Tel	
4. Name(s) and address(es) of manufacturers of main items		
	Tel	
5. Name(s) and address(es) of firm supervising erection		
	Tel	
6. Name and address of consulting engineer		
	Tel	
7. Name(s) of party (parties) comprising the insured		
8. Title of contract (if project consists of several sections, please specify sections(s) to be insured		
9. Location of erection site		
10. Exact description of the property to be erected (<i>if second hand items are to be erected, please state</i>)		
In case of machines, please provide manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions. In of complete factories, please provide general drawing of plant, nature of civil engineering work (<i>if any</i>)		

B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

11. Period of insurance	Commencement of insurance	<input type="text"/>	(dd/mm/yyyy)	
	Duration of pre-storage	<input type="text"/>		
	Commencement of erection work	<input type="text"/>	(dd/mm/yyyy)	
	Duration of erection / construction	<input type="text"/>	months	
	Duration of testing	<input type="text"/>	weeks	
	If maintenance coverage required	Duration of maintenance	<input type="text"/>	months
		Type of coverage required	<input type="text"/>	
Termination of insurance		<input type="text"/>	(dd/mm/yyyy)	

12. Have plans, designs and materials of the kind used in this project been used and/or tested in	Previous constructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Previous constructions by the contractor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give details of similar projects carried out by contractor(s).

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will operation of existing plant continue during erection period? (enclose plans where available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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15. Are there works to be carried out by subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please describe the work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="text"/>
<input type="text"/>
<input type="text"/>

16. Please advise of Special Hazards present		
Fire, explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flood, inundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landslip, storm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<input type="text"/>
<input type="text"/>

17. Nearest river, lake, sea, etc.

Name	<input type="text"/>
Distance	<input type="text"/>

Elevation of site above	low water	<input type="text"/>	Meters
	mean water	<input type="text"/>	Meters
	highest level recorded	<input type="text"/>	Meters

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B. DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

18. 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 insured against loss or damage arising out of or in connection with the contract works?

☐

Yes

☐

No

Limit of indemnity

If yes, please provide exact description of these buildings / structures

19. Is third party liability to be included?

☐

Yes

☐

No

Limit of indemnity

If yes, please provide brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractors (*enclose maps, if possible*)

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

Express freight, overtime, night work, work on public holidays?

☐

Yes

☐

No

Air freight?

☐

Yes

☐

No

21. Give details of any special extensions of cover required.

22. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (of policy wording, Section 1, Memo 1 and Section 2)

Section 1 - Material Damage

Items to be insured	Sums to be insured (state below separately)
1. Erection works, split up as follows	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs duties and 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 policy)	
Total sum to be insured under Section 1	

Section 2 - Third Party Liability

Insured items	Sums to be insured (state below separately)
Bodily injury - any one person	
Bodily injury - total	
Property damage	
Or alternatively: combined single limit of	
Total sum insured	

¹ if necessary, on a separate sheet.

² limit 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 policy.

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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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