

QBE ELECTRONIC EQUIPMENT 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?

A. PARTICULAR OF PROPOSER (Continuation)

3. Location of equipment to be insured (address of building, storey)

4. Structure of building

☐

Steel skeleton

☐

Brickwork

☐

Concrete

☐

Wood

5. Has any of the equipment to be insured previously been covered by other insurance companies?

☐

Yes

☐

No

If so, which items of the specification and by which companies?

6. State when the insurance is to commence

Date

(dd/mm/yyyy)

time

Note: Period of the insurance to expire at is to commence at the same date and time next year.

7. Is all the equipment to be insured new?

☐

Yes

☐

No

If not, which items of the specification are second-hand?

What equipment can still be obtained ex works. Please state items of the specification.

8. Is the equipment maintained in accordance with the manufacturers instructions?

☐

Yes

☐

No

9. Have operators been trained with the manufacturer?

☐

Yes

☐

No

10. Is there a risk of flood and inundation?

☐

Yes

☐

No

If so by

☐

bodies of water

☐

Brickwork

☐

torrential rainfall

☐

sewer backflow

☐

others

B. 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.

C. 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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D. ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS

1. Name and address of proposer		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		Tel		<input type="text"/>		
2. Type of business		<input type="text"/>				
3. If the system is rented, please state monthly rent		<input type="text"/>				
4. Name and address of manufacturer and/or lessor:		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		Tel		<input type="text"/>		
5. What are the provisions of your lease contract regarding your liability in the case of damage to the EDP System? Please furnish copy of lease contract if available.		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
6. Housing of the EDP system						
Central unit:	basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>	<input type="text"/> floor <input type="checkbox"/>	
Peripheral unit:	basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>	<input type="text"/> floor <input type="checkbox"/>	
Fire-resistant walls and ceilings	<input type="checkbox"/>	Fire-resistant wall and ceiling openings (doors)		<input type="checkbox"/>		
Smoke and heat venting systems	<input type="checkbox"/>	Smoke-proof and fire-resistant sealing of cable shafts		<input type="checkbox"/>		
Heat detectors	<input type="checkbox"/>	Smoke detectors	<input type="checkbox"/>	Optical detectors	<input type="checkbox"/>	
Fire alarm by telephone	<input type="checkbox"/>	Supervision by guards	<input type="checkbox"/>	Others	<input type="checkbox"/>	
Portable fire extinguishers	<input type="checkbox"/>	filled with:	CO ₂	<input type="checkbox"/>	Halon <input type="checkbox"/>	
Wall hydrants	<input type="checkbox"/>	with connected:	Hose	<input type="checkbox"/>	Steel pipe <input type="checkbox"/>	
Sprinklers	<input type="checkbox"/>	CO ₂ flooding system	<input type="checkbox"/>	Halon flooding system	<input type="checkbox"/>	
		Others (please describe below)		<input type="text"/>		
		<input type="text"/>				
7. Total value of plant located on:		Basement floor		<input type="text"/>	on ground floor	<input type="text"/>
		<input type="text"/> floor	<input type="text"/>	<input type="text"/> floor	<input type="text"/>	
In accordance with the manufacturer's recommendations or instructions?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, specify deviations from instructions:						<input type="text"/>
						<input type="text"/>
8. Supply lines in the EDP rooms?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, specify	Central heating lines	<input type="checkbox"/>	Steam lines	<input type="checkbox"/>	Water lines	<input type="checkbox"/>
					Gas lines	<input type="checkbox"/>
9. Supply lines in the rooms above the EDP rooms?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is the ceiling waterproof?						<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Vibrations of building?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, due to:	road traffic	<input type="checkbox"/>	nearby railway lines	<input type="checkbox"/>	blasting	<input type="checkbox"/>
	other causes	<input type="checkbox"/>	<input type="text"/>			

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D. ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS (Continuation)

11. Possibility of explosions within 30m of the EDP systems? ☐ Yes ☐ No

If so, specify Heating fuel tank ☐ Paint shop ☐ Filling station ☐ Welding shop ☐

Storage of highly inflammable materials ☐ Other ☐

12. For EDP systems located in inundated prone areas

12.1 Has the building already been inundated? ☐ Yes ☐ No

If so, how often? Period of observation years

12.2 Has the EDP system already been affected by inundations? ☐ Yes ☐ No

If so, how often? Period of observation years

12.3 Maximum claims amount

12.4 Please state the return periods of the events that led to damage to the EDP system:

5 years ☐ 10 years ☐ 20 years ☐ 50 years ☐ 75 years ☐ > 75 years ☐

12.5 Has the building already been inundated? ☐ Yes ☐ No

If so, please state distance between normal (highest registered) level of watercourse and level of basement m

12.6 Watercourse is regulated by dam ☐ dike ☐ others ☐

12.7 Have any dam or dike breaches occurred in the past? ☐ Yes ☐ No

If so, how often? Period of observation

12.8 Is there a flood/hurricane tide warning service? ☐ Yes ☐ No

Possible safety measures

13. For EDP systems located in earthquake-prone area

13.1 Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks? ☐ Yes ☐ No

If so, how often? Period of observation

13.2 Type of damage: cracks ☐ partial collapse ☐ total collapse ☐

13.3 Has the EDP system already been affected by earthquakes? ☐ Yes ☐ No

If so, how often? Period of observation

E. SPECIFICATION OF REFRIGERATING PLANT

Item No.	Description of Items: Description of items 1 Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. In the case of outdoor lines, indicate length and method of laying.	Year of Manufacture	Remarks Give particulars of any part of the equipment to be Insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment, state means and frequency of transport, areas of operation and distance. Please state if picture or admitter tubes are built in.	A ² B ³	Replacement Value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material.
1 For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be 2 In the case of bought equipment, mark "A". 3 In the case of hired equipment, mark "B".				Total	