

QBE DETERIORATION of STOCK 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?

In respect of Cold Storage facility, proposer is ☐ owner ☐ lessor ☐ lessee ☐ tenant

Situation to which this insurance applies

Clear 1

B. GENERAL QUESTIONNAIRE

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

1. Are/Is the Cold Storage House/s in operation all year round?

☐

Yes

☐

No

If NO, state the number of months it/they are in operations in a year

months

2. a. Describe COLD ROOM details below

Room No.

Area (m²)

Height (m)

Temperature (°C)

Rel. Air Humidity (%)

CO₂ (%)²

O₂ (%)²

Air Pressure (bar)₂

b. Describe Insulation:

☐

cork

☐

mineral wool

☐

foam plastic

date of last check

(dd/mm/yyyy)

date of last replacement

(dd/mm/yyyy)

c. Do you have alternative storage facilities?

☐

Yes

☐

No

If YES, state name and address(es) of this(ese) location(s)

In respect of alternative storage facilities please describe:

	Loc 1	Loc2	Loc3	Loc 4
Distance from location (km)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of goods which can be stored	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period in use (months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has the facility been in use in earlier instances (yes/no)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. REFRIGERATING PLANT (complete specifications on page 5)

a. Does a Machinery Breakdown policy exist for the above equipment?

☐

Yes

☐

No

Please state Policy No., Insurer and date of expiry

b. State when the plant was first put into operation

c. Is switching from one unit to another possible?

☐

Yes

☐

No

If so, please attach basic circuit diagram (sketch)

d. What refrigerating capacity remains when cold-storage rooms are fully stored?

%

e. What type of refrigerant is being used?

☐

NH₃

☐

Freon 12

☐

Freon 22

☐

Other (please describe)

f. Location of pipes carrying refrigerant:-

☐

on ceiling

☐

on walls

☐

on floor

g. Who supervises the refrigerating plant?

☐

own staff

☐

the Government

☐

Other (please describe)

Clear 2

B. GENERAL QUESTIONNAIRE (Continuation)

h. Is maintenance of the plant done regularly?

☐

Yes

☐

No

If YES, please advise maintenance intervals☐

3 months

☐

6 months

☐

Other (please describe)

i. Who carries out maintenance of plant?

☐

manufacturer

☐

own staff

☐

lessor

☐

maintenance firm

4. CONTROL & ALARM SYSTEM

a. State total number of measuring devices for the following:

☐

temperature

☐rel. air humidity²☐CO₂ concentration²☐CO concentration²☐air pressure inside rooms²

b. Is there an independent calibrated reference thermometer in each cold-storage room?

☐

Yes

☐

No

c. Please describe the check intervals of the following:

☐

temperature

☐rel. air humidity²☐CO₂ concentration²☐CO concentration²☐air pressure inside rooms²Note ¹If necessary on a separate sheet²To be answered on in the case of CA storage%

d. In respect of check intervals, are there different arrangements for Sundays and or public holidays?

☐

Yes

☐

No

e. Are there signalling devices installed to show disturbance or failure of plant?

☐

Yes

☐

No

f. If YES to question 4(e), is alarm given:

☐

audibly

☐

visibly

g. If NO to question 4(e), describe what is done to prevent losses below

h. Is maintenance of the system done regularly?

☐

Yes

☐

No

If YES, please advise maintenance intervals☐

3 months

☐

6 months

☐

Other (please describe)

i. Who carries out maintenance of system?

5. CA STORAGE

a. Can cold-storage rooms be entered and inspected while in use?

☐

Yes

☐

No

b. Is the condition of the goods checked during storage?

☐

Yes

☐

No

B. GENERAL QUESTIONNAIRE (Continuation)**6. POWER SUPPLY**

a. Is failure of power supply to be insured?

☐

Yes

☐

No

b. What type of refrigerant is being used?

☐

ring main

☐

single dead-end feeder

☐

double dead-end feeder

c. Public power supply is laid:

☐

underground

☐

overhead

d. If you have your own power supply, please provide details

e. Were there power interruptions of more than 2 hours in the last 2 years?

☐

Yes

☐

No

If YES, please state the number of interruptions and duration

Interruptions

hours maximum duration

f. Is operational standby generating equipment available at anytime, which can produce the electrical capacity required when the cold-storage house is fully stocked?

☐

Yes

☐

No

If YES, please describe total capacity

kW, number of units

7. GOODS TO BE INSURED

a. Describe the details of goods to be stored in the page overleaf together with the Insured Value

b. What type of refrigerant is being used?-

☐

sorted

☐

packed

Type and grade of goods stored

Maximum quantity	Number of chambers	No-claims period (hrs) ^{3,4}	Sum Insured ⁵
Total Sum Insured			

Note ³ The “no-claims period” is the period (e.g. 12, 24, 48 hours or more) during which the goods stored cannot under any circumstances deteriorate due to a rise in temperature as a consequence of Machinery Breakdown damage indemnifiable according to policy conditions and/or failure of power supply. The no-claims period depends fundamentally on the type and quantity of goods stored and on the specific features of the cold storage insulation used.

⁴ In the case of CA storage, indicate envisaged storage duration in months

⁵ Maximum indemnification per cold-storage room.

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)

Clear 5

E. SPECIFICATIONS OF ITEMS TO BE INSURED

[illegible]