

QBE Special Perils 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)

Occupation or Profession or Nature of Business (if more than one please state all):

Mortgagee or chargee or H.P. Co.

Situation of risk:

Particulars of equipment to be insured:

Make, Model, Type & Number

Engine No

Chasis No

Horse Power

Year of Manufacture

Year of Reconditioned

Purchase Price (RM)

Sum Insured

B. GENERAL QUESTIONNAIRE*Note: All questions must be answered by the proposer and appropriately marked (✓) where applicable*

1. (a) Do you wish to insure the foundations of the machinery?

☐

Yes

☐

No

If NO, please state the place the machinery/equipment is normally garaged.

(b) Is machinery/equipment garaged in the open?

☐

Yes

☐

No

*If YES, are there any security or watchmen engaged to look after the machinery/equipment?**Please provide details*

(c) If machinery/equipment is driven out of the home base, does such machinery/equipment return to home base at the end of working day?

☐

Yes

☐

No

*If NO, are there any security or watchmen engaged to look after the machinery/equipment?**Please provide details*

2. State the purpose for which the machinery/equipment will be used.

☐

Construction

☐

Agricultural

☐

Timber logging

☐

Drainage & sewage

☐

Timber sawmill

☐

others

3. Is the machinery/equipment the subject of a hire purchase or leasing agreement?

☐

Yes

☐

No

If YES, please provide details of hire purchase or leasing Company and amount outstanding

Clear 2

B. GENERAL QUESTIONNAIRE (Continuation)

4. Is the machinery/equipment in a good state of repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
5. Machinery/equipment is fixed with	<input type="checkbox"/>	rubber tyres	<input type="checkbox"/>	metal tracks	<input type="checkbox"/>	others	<input type="text"/>
If OTHERS, please describe <input type="text"/>							
6. Are you the owner of the machinery/equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
7. (a) Do all persons driving or operating the machinery/equipment hold full licences (as per RTD, licensing regulations)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
(b) Do you provide training for new drivers before allowing them to drive or operate the machinery/equipment (irrespective whether the drivers hold full driving licences or not)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If YES, please state how long i.e. no. of hours of training you provide.					<input type="text"/>	hrs	
(c) Is anyone with less than 6 months' driving experience allowed to drive or operate the machinery/equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
8. Has, to your knowledge, any person who will drive been							
(a) involved in an accident the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If YES, please give full particulars & details.							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
(b) convicted of any offence in connection with a motor vehicle, machinery or heavy equipment or are there any prosecution pending the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If YES, please give full particulars & details.							
<input type="text"/>							
<input type="text"/>							
9. Do you or does any person who, to your knowledge, will drive suffer from defective vision or hearing or from any physical infirmity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If YES, please give names of such persons and give details of such infirmity							
<input type="text"/>							
<input type="text"/>							
10. Have you ever made a claim against any insurer(s) in respect of your machinery/equipment or machinery/equipment leased to you or the machinery/equipment the subject matter of this proposal, against fire, theft, accidental damage or other perils, during the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If YES, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
11. Has any insurance company ever							
a) declined your proposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
b) refused to renew your policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
c) cancelled your policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
d) required an increased rate or imposed special terms on renewal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If any answer above is YES, please give details.							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

Note

1. No cover is in force if the vehicles, machinery or equipment are being used on the road as defined in the Road Traffic Ordinance 1961 (Singapore) and the Road Traffic Ordinance, 1958 (Federation of Malaya).
2. 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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