

# QBE STORAGE TANK 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)  
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,  
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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?

Situation to which this insurance applies

Name of Chief Engineer or Plant Manager

Clear 1

## B. GENERAL QUESTIONNAIRE

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

1. Please provide complete description of storage tanks to be insured below.

a) Type of Tank	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
b) Situation of Tank e.g. outdoors (ground raised), indoors (on which floor), mobile, etc	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
c) Manufacturer and year of make	<input type="text"/>
d) Construction, e.g. welded or riveted plates etc	<input type="text"/>
	<input type="text"/>
e) Thickness of plates and condition	<input type="text"/>
f) Condition of paintwork	<input type="text"/>
g) Internal lining, if any	<input type="text"/>
	<input type="text"/>
h) Size and capacity	<input type="text"/>
	<input type="text"/>
i) No. or air vents per tank, if any	<input type="text"/>
	<input type="text"/>
j) Description (cylindrical, spherical, horizontal, vertical, rectangular etc)	<input type="text"/>
	<input type="text"/>
k) Describe tank top (fixed or floating etc)	<input type="text"/>
	<input type="text"/>
l) Describe relevant equipment connected to tanks, e.g. piping, pumps etc	<input type="text"/>
	<input type="text"/>
m) Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

2. Is tank used to full capacity, seasonal or otherwise? Please describe

3. What are the contents of tank(s)?

4. Is there a contents monitoring programme? ☐ Yes ☐ No

If YES, is it computerized, please describe details

Clear 2

**B. GENERAL QUESTIONNAIRE (Continuation)**

5. Is tank under pressure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please describe working pressure				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
6. Is heat introduced in the tank?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please describe working temperature and source of heating				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
7. Describe type of foundation, if any. (e.g. piles used etc)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
8. Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. What activities or operations are undertaken in the vicinity of the tanks?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
10. Please answer the following specifications in respect of values and limits to insure:				
a) Average value of contents any one time (in total):	<div style="border: 1px solid black; padding: 2px;">RM</div>			
b) Maximum Value of contents:	<div style="border: 1px solid black; padding: 2px;">RM</div>			
c) Total Sum Insured for Tanks (Section I):	<div style="border: 1px solid black; padding: 2px;">RM</div>			
Please provide breakdown values by types of tanks if so required:				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
d) Total values insured for Contents (Section II):	<div style="border: 1px solid black; padding: 2px;">RM</div>			
Please provide breakdown values by types of contents if so required:				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">RM</div>			
11. Does the specification above include ALL storage tanks coverable under a storage tank policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If NO, please state which items are excluded and why.				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
12. Did an accident ever occur to your storage tanks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please give full particulars.				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
13. Are all the tanks proposed for insurance in good condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If NO, please give particulars of defects, if any.				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

Clear 3

**B. GENERAL QUESTIONNAIRE (Continuation)**

14.	Are the storage tanks and their related installations and piping subject to periodical inspections and maintenance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please describe by whom and at what intervals and other details of maintenance programme.					
<div></div>					
<div></div>					
Date of last inspection <div></div>					
15.	Has the storage tanks to be insured previously been covered by other Insurance companies against storage tank insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please name of Company, other details including period of cover					
<div></div>					
<div></div>					
<div></div>					
16.	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.					
<div></div>					
<div></div>					
<div></div>					

## 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](http://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