

QBE DETERIORATION of STOCK Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad (Reg. No.: 161086-D)

(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,
 Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
 telephone +603 7861 8400 • facsimile +603 7873 7430
 GST Reg No.: 002077360128
www.qbe.com.my e-mail : info.mal@qbe.com

IMPORTANT NOTICE

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.

Cover Note No.		Intermediary No.	
Are you Registered for GST ? If Yes, Please provide the following			Yes <input type="checkbox"/> No <input type="checkbox"/>
GST Registration Date	/ /	GST Registration Number.	

DETAILS OF PROPOSER

Name(s) in full					
Address					
			Tel		
Trade or Profession or Nature of business:					
In respect of Cold Storage facility, proposer is					
owner <input type="checkbox"/> lessor <input type="checkbox"/> lessee <input type="checkbox"/> tenant <input type="checkbox"/>					
How long has the business been established?					
Period of Insurance	From	/ /	To	/ /	(dd/mm/yy)
Situation to which this insurance applies					

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 <input type="checkbox"/> No <input type="checkbox"/>						
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 (m ²)						
Height (m)						
Temperature (°C)						
Rel. Air Humidity (%)						
CO2 (%) ²						
O2 (%) ²						
Air Pressure (bar) ₂						
b. Describe Insulation:		cork <input type="checkbox"/>	mineral wood <input type="checkbox"/>	foam plastic <input type="checkbox"/>		
		date of last check				
		date of last replacement		<input type="checkbox"/>	<input type="checkbox"/>	
c. Do you have alternative storage facilities? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If YES, state name and address(es) of this(ese) locations ¹ .						
<i>In respect of alternative storage facilities please describe:</i>						
	Loc 1	Loc2	Loc3	Loc 4		
Distance from location (km)						
% of goods which can be stored						
Period in use (months)						
Has the facility been in use in earlier instances (yes/no)						
3. REFRIGERATING PLANT (complete specifications on page 5)						
a. Does a Machinery Breakdown policy exist for the above equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Freon 12 <input type="checkbox"/> Freon 22 <input type="checkbox"/>						
Other (please describe) <input type="checkbox"/>						
f. Location of pipes carrying refrigerant:- on ceiling <input type="checkbox"/> on walls <input type="checkbox"/> on floor <input type="checkbox"/>						
g. Who supervises the refrigerating plant? own staff <input type="checkbox"/> the Government <input type="checkbox"/>						
Other (please describe) <input type="checkbox"/>						
Is maintenance of the plant done regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>						
h. If YES, please advise maintenance intervals 3 months <input type="checkbox"/> 6 months <input type="checkbox"/>						
Other (please describe) <input type="checkbox"/>						

GENERAL QUESTIONNAIRE (Continuation)

i. Who carries out maintenance of plant? own staff manufacturer lessor
 maintenance firm

4. CONTROL & ALARM SYSTEM

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

<input type="checkbox"/>	temperature	
<input type="checkbox"/>	rel. air humidity ²	
<input type="checkbox"/>	CO2 concentration ²	
<input type="checkbox"/>	COconcentration ²	
<input type="checkbox"/>	air pressure inside rooms ²	

b. Is there an independent calibrated reference thermometer in each cold-storage room? Yes No

c. Please describe the check intervals of the following

<input type="checkbox"/>	temperature	
<input type="checkbox"/>	rel. air humidity ²	
<input type="checkbox"/>	CO2 concentration ²	
<input type="checkbox"/>	COconcentration ²	
<input type="checkbox"/>	air pressure inside rooms ²	

¹ If necessary on a separate sheet ² To be answered on in the case of CA storage%

GENERAL QUESTIONNAIRE (Continuation)

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?

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

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
--	---------------	--	------------------------

GENERAL QUESTIONNAIRE (Continuation)					
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 <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please describe total capacity		kW, number of units			

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 <input type="checkbox"/>	packed <input type="checkbox"/>
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.

DECLARATION AND SIGNATURE

Privacy Policy Statement

I/We understand, acknowledge, agree and consent that QBE Insurance (Malaysia) Berhad and all of its related companies (“QBE”) is permitted to collect, use, disclose and/or process my personal data revealed hereto. QBE is at liberty to disclose and transfer (including outside Malaysia) such personal data to relevant third parties provided that the revelation of my personal data is strictly for the purpose(s) in relation to the insurance which I have applied hereto, including but not limited to, the purpose(s) of: (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims; (ii) exercising any rights that QBE may have to recover monies from third parties; (iii) making reinsurance recoveries; (iv) investigating the accident and/or my claims; (v) carrying out and/or dealing with my instructions or responding to any enquiries by me; (vi) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); (vii) the development of databases on claims, claims statistics and/or claims development; and/or (viii) complying with applicable law in administering, processing, handling and/or dealing with my claims; (collectively the “Purpose”). My consent given hereto covers any repeated collection of my personal data in the same circumstances and is in line with the requirement set forth on the Personal Data Protection Act 2010.

QBE Insurance (Malaysia) Berhad is committed to ensuring the safety and security of your personal data. You may refer to our Privacy Policy Statement which is posted at our website www.qbe.com.my. If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

I/We do hereby declare that:

- I am/we are authorised to make this proposal.
- The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
- This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
- The liability of the Company does not commence until the application has been accepted.

Proposer’s Signature: Date: (dd/mm/yy) / /

and company stamp

DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

1. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
2. I have maintained a copy of the Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yy)

SPECIFICATIONS OF ITEMS TO BE INSURED

Item No.	Manufacturer's Name and No.	Description of Boiler or Pressure Vessel: <i>Exact description, whether vertical, horizontal, fire-tube or water-tube, fired and unfired vessels., type of vessel, dimensions and purpose used</i>	Year of Manufacture	Steam Output (tons/hr)	Pressure (psi)	Kind of Fuel	Sum Insured: <i>State current cost of replacing the items by new items of the same kind and capacity plus freight charges, customs duties, cost of erection</i>