

QBE Burglary 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 NOTICE

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately. Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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

Situation of risks

Interest to be insured

Insured Item

- (a) Stock-in-trade belonging to the Proposer
- (b) Stock-in-trade held in trust or on commission
- (c) Tools, equipment, utensils and plants
- (d) Office equipment and machines
- (e) Furniture, fixtures and fittings
- (f) Others (pleased describe if cover required)

Full Value	Amount Insured

N.B Pleased describe in full for items insured above to avoid dispute in the event of claim

Clear 1

A. PARTICULAR OF PROPOSER (Continuations)

1. Personal Details (For Consumer Contract)

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced/ Widowed
Identification Number	<input type="text"/>		<input type="checkbox"/> New NRIC	<input type="checkbox"/> Passport	<input type="checkbox"/> Military IC	<input type="checkbox"/> Others
Handphone Number	<input type="text"/>		Nationality	<input type="text"/>		
Date of Birth	<input type="text"/>	(dd/mm/yyyy)	Tax Identification No.	<input type="text"/>		

2. Business Details (For Non-Consumer Contract)

Tax Identification No.	<input type="text"/>	Business Registration No.	<input type="text"/>
SST Registration No.	<input type="text"/>	Tel No. (Office)	<input type="text"/>
Trade or profession or nature of business	<input type="text"/>		
How long has the business been established?	<input type="text"/>		

B. GENERAL QUESTIONNAIRE

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

1. (a) Type of premises where property to be insured is kept

<input type="checkbox"/> Shop	<input type="checkbox"/> Factory	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other, please specify
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(b) Construction of premises

Wall	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wooden/Plywood	<input type="checkbox"/> Other, please specify
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Roofs	<input type="checkbox"/> Tiles	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Zinc	<input type="checkbox"/> Other, please specify
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Ceiling	<input type="checkbox"/> Wooden	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Other, please specify
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Partitions	<input type="checkbox"/> Wooden/Plywood	<input type="checkbox"/> Asbestos/Gypsum	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Other, please specify
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(c) Construction of doors (Entrance and rear doors of premises)

Type of doors	<input type="checkbox"/> Hollowcore/Timber/Plywood	<input type="checkbox"/> Glass	<input type="checkbox"/> Solid Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other, please specify
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(d) How are doors secured?

Type	<input type="checkbox"/> Motice	<input type="checkbox"/> Rimlock	<input type="checkbox"/> Bolts	<input type="checkbox"/> Padlocks	<input type="checkbox"/> Other, please specify
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(e) State type make, brand and name of manufacturer of locks.

Type	<input type="checkbox"/> Open Shackled	<input type="checkbox"/> Closed Shackled
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Please state make/brand and name of manufacturers

(f) Are doors protected with bars, grilles or metal claddings?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, state type:

<input type="checkbox"/> Iron bars	<input type="checkbox"/> Iron grilles	<input type="checkbox"/> Metal/Aluminium claddings
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(g) How are windows protected?

<input type="checkbox"/> Iron bars	<input type="checkbox"/> Iron grilles	<input type="checkbox"/> No protection
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2. Are there trap doors or skylights in the basement or roofs?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please state how they are secured and protected.

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B. GENERAL QUESTIONNAIRE (Continuations)

3.	(a) Are you the sole occupier of premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If NO, please give description of other tenant(s).</i>				
	<input type="text"/>				
	<input type="text"/>				
	(b) Will premises be left unoccupied?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, for what period of time</i>				
	<input type="text"/>				
4.	When was the business first established?	<input type="text"/>	(year)		
5.	Is there at least a stay-in employee in the premises after normal business hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.	Is the premises securely locked when the premises is unattended?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7.	(a) Is your premises installed with burglar alarm system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, please state the name of manufacturer and brand of alarm.</i>				
	<input type="text"/>				
	(b) Is the alarm regularly tested, service and maintained?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(c) Do you maintain a valid maintenance agreement with the manufacturer, dealer or distributor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8.	Do you conduct a similar business elsewhere?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, please state particulars</i>				
	<input type="text"/>				
	<input type="text"/>				
9.	Do you keep stock records (in coming and out going) and sales records?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, how frequently are stock records updated</i>				
	<input type="text"/>				
10.	Do you perform or conduct stock check or inventory taking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, state the frequency of checking</i>				
	<input type="text"/>				
11.	Is property to be insured presently insured by another Insurer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, state name of insurer & policy particulars</i>				
	<input type="text"/>				
	<input type="text"/>				
12.	Have you or any partner or director or any interested party suffered loss by burglary, house breaking or larceny at the above or any other premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If YES, state amount of loss and date of loss. If there the loss was insured, state the name of insurer.</i>				
	<input type="text"/>				
	<input type="text"/>				
13.	Has a burglary insurance insured by you or any partner or directors or any interested party been				
	(a) Cancelled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(b) Declined	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(c) Refused to renew	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(d) Restricted or terms imposed by any insurer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<i>If any answer above is YES, please give particulars and reasons.</i>				
	<input type="text"/>				
	<input type="text"/>				
14.	Who is currently insuring your fire, personal accident or workmen's compensation insurances?				
	<input type="text"/>				

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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. 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.
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 it's holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or it's 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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