

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

Situation to which this insurance applies

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?

Clear 1

B. GENERAL QUESTIONNAIRE

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

(a) A. How many Employees are engaged in carrying Money at any one time, and are they armed?

☐

1 Employee

☐

2 Employees

☐

more than 2 Employees

Employees Armed?

☐

Yes

☐

No

☐

Yes

☐

No

B. Are they Males and over 18 years of age?

If NO, please give details

C. How long have they been in your employment?

☐

less than 1 year

☐

more than 1 year

☐

2 years or more

☐

3 years or more

D. Will Police Escort be provided?

☐

Yes

☐

No

(b) E. How often are journeys with Money made ?

☐

Once per day

☐

Twice per day

☐

Once every 2 days

☐

Once a week

☐

Others

If Others, please provide full details

F. State the method of transmission and the precautions to be employed. (If space provided is inadequate, please attach separate sheet)

(c) Address of Proposer's premises to and from which transit of Money is to be insured and/or on which Money to be insured is contained. (If space provided is inadequate, please attach separate sheet.)

(a) To & From (Addresses of premises covered)

(b) To & From (Addresses of premises covered)

If Others, please state & give particulars

(d) (a) Money (EXCLUDING Crossed Cheques, Crossed Money Orders and Crossed Postal Orders) to be insured between the Premises and the Bank or Post Office including wages and/or salaries not paid out within the day of withdrawal and still being kept in the Premises (Company's liability in respect of wages and/or salaries not paid out shall not exceed 40% of such particular withdrawal) during business hours

Maximum amount per transit (Amount to be insured)

RM

Estimated Annual Carryings

RM

(b) Money in locked safe or strongroom (including wages and/or salaries not paid out within the day of withdrawal) after business hours, in the Premises.

RM

(c) Money other than money for payments of wages and/or salaries or other earnings kept in locked drawers and cabinets.

RM

Supplementary questions for item (iii)

(a) Where exactly is the position of drawers and cabinets?

(b) Who holds keys to the drawers and cabinets?

(b) Money CONSISTING OF Crossed Cheques, Crossed Money Order and Crossed Postal Orders to be insured between the Premises and the Bank / Post office.

RM

Clear 2

B. GENERAL QUESTIONNAIRE (Continuation)

(e) Is Money kept in safe?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If YES, please state</i>				
(a) The name of the Safe-maker	<input style="width: 100%;" type="text"/>			
(b) The Maker's number of the Safe	<input style="width: 100%;" type="text"/>			
(c) Whether the Safe is marked Fire or Thief Resisting	<input style="width: 100%;" type="text"/>			
(d) Cost of Safe	<input style="width: 100%;" type="text"/>			
(e) Number of Keys and by whom held	<input style="width: 100%;" type="text"/>			
(f) (a) Have you ever sustained a loss of the type for which cover is required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If YES, please give full particulars including amount of loss.</i>				
<input style="width: 100%;" type="text"/>				
<input style="width: 100%;" type="text"/>				
(b) If YES, what precautions have been adopted to avoid recurrence?	<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>				
(g) Have you ever proposed for an insurance of this nature?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If YES, please give the name of the insurer.</i>				
<input style="width: 100%;" type="text"/>				
<input style="width: 100%;" type="text"/>				
(h) Have you ever had an insurance of this nature				
(a) declined or terminated	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) has an increased Premium been required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If any of the above is YES, please give reasons</i>				
<input style="width: 100%;" type="text"/>				
<input style="width: 100%;" type="text"/>				
(i) Are Employees engaged in handling Money covered under a Fidelity Guarantee Policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If YES, please give name of insurer & Policy No.</i>				
<input style="width: 100%;" type="text"/>				
(j) What is the highest amount of Money carried at any one time?	RM	<input style="width: 100%;" type="text"/>		
(k) Give name of Insurance Company insuring your Fire and other Accident Insurances.	<input style="width: 100%;" type="text"/>			
(l) Are the Premises in your sole occupation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If NO, please give full particulars of persons or firm sharing premises.</i>				
<input style="width: 100%;" type="text"/>				

For the purpose of this Proposal the term "**Money**" shall mean:-

"Current coin, bank notes, currency notes, cheques, postal orders, money orders, unused postage and revenue stamps.

Note: 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.

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)