

QBE Special Contingency 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,
Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
telephone +603 7861 8400 • facsimile +603 7873 7430
SST Reg No: B16-1808-31042744
www.qbe.com/my e-mail : info.mal@qbe.com

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)

Mortgagee or chargee or H.P. Co.

Situation of risk

Particulars of equipment to be insured

Interest to be insured (Description of property)	Make, model or type	Year of manufacture	Year of reconditioned	Sum Insured

A. PARTICULARS 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. Have you presently any insurance covering the above items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please give name of Company and relevant details.		
<input type="text"/>		
<input type="text"/>		
2. Contingencies required for insurance in addition to standard cover:		
<input type="checkbox"/> earthquake, volcanic eruption	<input type="checkbox"/> subterranean fire	<input type="checkbox"/> riot, strike, civil commotion
<input type="checkbox"/> malicious damage	<input type="checkbox"/> hailstone, storm, tempest, flood	<input type="checkbox"/> landslide & landslip
3. Do the items described above for insurance represent the whole of your office and/or factory, equipment or machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. State construction of premises where property above is contained or housed:		
WALLS <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Asbestos Sheet	<input type="checkbox"/> Wood/Plywood
<input type="checkbox"/> Others, please specify	<input type="text"/>	
ROOFS <input type="checkbox"/> Tiles	<input type="checkbox"/> Asbestos Sheet	<input type="checkbox"/> Iron/Zinc Sheets
<input type="checkbox"/> Others, please specify	<input type="text"/>	
FLOORS <input type="checkbox"/> Concrete	<input type="checkbox"/> Wood/Planks	<input type="checkbox"/> Others, please specify
<input type="checkbox"/> Others, please specify	<input type="text"/>	
5. State number of storeys in the building	<input type="text"/>	
6. Is building detached from all other buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, state how far from nearest building	<input type="text"/>	meters
If adjoining, state occupation of the adjoining premises	<input type="text"/>	
<input type="text"/>		
<input type="text"/>		
Describe construction of these neighbouring buildings:		
Walls	<input type="text"/>	
Roof	<input type="text"/>	
7. Year of construction of building where property above is contained or housed	<input type="text"/>	
8. (a) Describe the occupation of the premises	<input type="text"/>	
(b) Is there any manufacturing process carried out therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
(c) Is spray painting carried out therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is powder spraying carried out therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Clear 2

B. GENERAL QUESTIONNAIRE (Continuations)

9. What does the contents (or goods) of the premises consist of?

10. Are there any hazardous trade carried on or hazardous goods deposited in the premises (e.g. petrol, gas, chemicals etc)?

☐

Yes

☐

No

If YES, please provide details

11. Is there any trade carried out nearby or connected to, the premises or other circumstances, appear to increase the risks?

☐

Yes

☐

No

If YES, please provide details

12. Is the property described above:

☐

New

☐

Second Hand

☐

Reconditioned

13. Is property described above in good order and working condition?

☐

Yes

☐

No

14. From whom did you purchase the property described above? Please state the name of supplier(s)

15. What is your company's paid up and authorised capital (applicable only if the proposer is a limited company)?

Paid up

Authorised

16. What is your turnover or sales for the last financial year and also your estimated or projected turnover or sales this year?

Turnover of sales (last financial year)

Turnover of sales (for this year)

17. Are your other property in the premises insured against fire theft or accidental damage or other perils?

☐

Yes

☐

No

If YES, please state name of insurer(s), policy nos. and describe type of property.

18. Have you ever made a claim against any insurer(s) in respect of any of the property now proposed for insurance against fire or theft or accidental damage for the last 5 years?

☐

Yes

☐

No

If YES, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?

19. Has any insurance company ever

(a) declined your proposal

☐

Yes

☐

No

(b) refused to renew your policy?

☐

Yes

☐

No

(c) cancelled your policy?

☐

Yes

☐

No

(d) required an increased rate or imposed special terms on renewal?

☐

Yes

☐

No

If any answer above is YES, please give details.

Note:

1. 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.

Clear 3

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)