

QBE Fidelity Guarantee 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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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 (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)

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

How long has the business been established?

B. GENERAL QUESTIONNAIRE

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

1. Particulars of person or persons to which this guarantee apply

Name of employee	Age	Position or capacity	Guarantee amount required	Salaries including other remuneration or commission	Years of service	If traveling, state the locations & period of stay at those locations

Note: The maximum liability granted under this cover will be the limit set forth above against each person(s) and in the aggregate.

2. Has any person (currently employed) previously work with you before?

☐

Yes

☐

No

If YES, please state particulars & reasons for leaving your employment.

Was guarantee required then?

☐

Yes

☐

No

If NO, state reasons why guarantee is now required.

3. Has any employee or person holding the same or similar position committed any default?

☐

Yes

☐

No

If YES, give full particulars and the amount involved.

4. Are you presently insured or have you ever propose for a similar insurance of this nature?

☐

Yes

☐

No

If YES, please state name of insurer and Policy No.

5. Have you ever sustain a loss of embezzlement, misappropriation or default or made a claim of such nature?

☐

Yes

☐

No

If YES, please state name of insurer and describe circumstances and amount involved.

6. State

a) the largest amount any employee is allowed to retain

b) how often such amounts are accounted for and by whom checked

c) how often a bank statement is sent to the management

7. Will any of your employees named in the Schedule have any stock under their control?

☐

Yes

☐

No

8. Are your employees authorised to sign cheques? *If YES*

☐

Yes

☐

No

(a) Will they be countersigned any by whom?

(b) If not countersigned, up to what limits may they be authorised to sign?

9. Does one person act as both Cashier and Bookkeeper?

☐

Yes

☐

No

10. Has any insurer ever

a) declined your proposal ?

☐

Yes

☐

No

b) refused to renew your policy?

☐

Yes

☐

No

c) cancelled your policy?

☐

Yes

☐

No

d) require any increased rate or impose restrictions or conditions?

☐

Yes

☐

No

If any answer above is YES, please give particulars and reasons.

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.

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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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