

# QBE Plate Glass 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:	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Others (please specify)	<input type="text"/>
Name of Proposer	<input type="text"/>				
Correspondence Address	<input type="text"/>				
<input type="text"/>					
Postcode	<input type="text"/>	City	<input type="text"/>		
State	<input type="text"/>	Country	<input type="text"/>		
Contact Number	<input type="text"/>	Email	<input type="text"/>		
Occupation (if more than one please state all)	<input type="text"/>				
Trade or Profession or Nature of Business	<input type="text"/>				
Situation of risks	<input type="text"/>				
<input type="text"/>					
<input type="text"/>					

### 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"/>		

Clear 1

## B. GENERAL QUESTIONNAIRE

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

1. Is building/premises let out, leased or rented? ☐ Yes ☐ No  
*If YES, state the occupation of tenant*
2. Describe the construction of building.
3. Has the building/premises been altered or renovated for the last 12 months? ☐ Yes ☐ No  
*If YES, give full details & description.*
4. Is the building/premises situated at the corner of the street? ☐ Yes ☐ No
5. What is the width of the pavement?
6. Describe the shutters, if any are used to protect glass.
7. Have there been breakages, if any, during the last 12 months? ☐ Yes ☐ No  
*If YES, state the cause(s) & provide details.*
8. Is any of the glass now broken or damaged? ☐ Yes ☐ No  
*If YES, give full details.*
9. Do you require the following extensions
- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Hail storm and/or wind storm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Riot and Strike?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Explosion?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
10. Is the Building/Premises currently insured? ☐ Yes ☐ No  
*If YES, state name of insurer & Policy No.*
11. Has any insurer ever cancelled, declined, refuse to renew, imposed special terms on any proposal, renewal or policy held by you? ☐ Yes ☐ No  
*If YES, state name of insurer & give reasons.*
12. Particulars of glass to be insured

No. of Squares	Type of glass (Describe)	Position of glass (State where)	Size of Each Square Height/Width	Amount to be insured Glass-market value Ornamentation & Signwriting

*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](http://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)

Clear 3