

QBE EVENTS LIABILITY 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 (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)

Trade or profession or nature of business

How long has the business been established?

Clear 1

B. PROPOSER DETAILS (Continuation)

1. Insured's Name (s)

2. Address / Situation (s)

3. Event Venue

4. Full details of occupation (including subsidiary companies)

5. Numbers of years in this business

6. Previous industry experience if less than five years in business

7. Are any activities conducted outside Country? If Yes, provide details

8. Details of all claims or incidents in the past 5 years

9. Estimated Turnover or Revenue from this event

RM

10. Estimated payroll & number of employees

RM

11. If Contractors & Sub-Contractors are engaged, advise nature of the work undertaken and payment to Sub-Contractors:

12. Is the Insured responsible for the hiring of venues?

13. Provide details of any indemnities or "Hold Harmless" agreements given to other parties.

14. Does the event involve the use of water craft, aircraft or motorized vehicles? If so, please supply details.

15. LIMIT OF LIABILITY

RM

16. List of events organized in the past 2 years:

17. Name of event and duration. Period of Cover required:

From

To

(dd/mm/yyyy)

Clear 2

B. PROPOSER DETAILS (Continuation)

18. Capacity and expected attendance for this event.

19. Is the venue provider checked for the existence of Liability cover?

☐

Yes

☐

No

If Yes, Limit of Liability: RM

20. Full details of activities to be provided, catered for or organized (including parades, stalls, catering, entertainment, sports, events, rides or amusement). Confirm the insured's role in the event.

21. Are all participating entities checked for the existence of Liability cover?

☐

Yes

☐

No

If Yes, Limit of Liability: RM

22. Are all road closures, traffic diversions or the like performed in accordance with Council or Police requirements?

23. Does the Insured:

I. Supply, install or dismantle temporary seating or staging

☐

Yes

☐

No

II. Supply alcohol

☐

Yes

☐

No

III. Arrange fireworks or pyrotechnics

☐

Yes

☐

No

IV. Arrange audience participation in any events

☐

Yes

☐

No

24. What security arrangements are being put in place? Who will provide that security?

25. Does the Insured arrange for site inspection to ensure no obvious hazardous conditions exist? Is there an emergency evacuation plan in place?

26. IS CANCELLATION & ABANDONMENT COVER REQUIRED?

SUM INSURED RM 30,000 in aggregate

☐

Yes

☐

No

If Yes, please complete below:

27. List budgeted Expenses RM

28. Is the Event open to the public?

☐

Yes

☐

No

29. Will the Event be held outdoors and/or under canvas?

☐

Yes

☐

No

30. Will adverse weather prevent completion of the Event?

☐

Yes

☐

No

31. Will the venue require construction work?

☐

Yes

☐

No

32. Have all licenses, permits been obtained?

☐

Yes

☐

No

33. Have all arrangement for successful completion of the Event been made?

☐

Yes

☐

No

34. Would the non-appearance of any individual prevent successful completion of the Event?

☐

Yes

☐

No

35. Has the Event ever sustained an insured loss?

☐

Yes

☐

No

36. Is the Insured aware of any circumstances that may possibly result in a claim under this cover?

☐

Yes

☐

No

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. 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 4