

QBE GENERAL LIABILITY Insurance Proposal Form for Warehousemen



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:

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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?

B. DETAILS OF APPLICANT

1. Name of the Applicant Company or Organization.
(Hereinafter referred to as the "Company" in this Proposal)

	Company Registration No.:

2. Correspondence Address:

3. Date the Company commenced business: (dd/mm/yyyy)

4. Nature of Business

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5. Number of Staff:

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Management Staff

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Others

6. Name and position of person(s) to be contacted for consultation:

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C. DETAILS OF RISKS

1. Details of warehouse:

- i. Name(s)

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- ii. Locations(s)

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- iii. Describe construction of respective Buildings (e.g. metal deck walls, brick walls, open-sided building, steel beams and trusses, tile roof, concrete flooring, etc):

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- iv. Details of Fire protection

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- v. Security arrangements

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- vi. Burglary protections

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- vii. Is premise(s) located in flood prone area? If yes, please give details.

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Clear 2

C. DETAILS OF RISKS (Continuation)

viii. Is warehouse rented or owned? If rented please state Owners Name.

ix. Types of goods stored

2. Limit of Liability required:

3. Excess (amount of loss you are prepared to bear for yourself):

4. Annual Gross Receipt as a Warehousemen

Last financial year (as confirmed by your auditor)

Estimate for current financial year

Estimate for next financial year

D. OTHER INFORMATION

1. Are there any losses in the past 5 years?

☐

Yes

☐

No

If YES, please give details:

2. Do you presently carry or have you ever carried a Warehousemen's Liability Insurance?

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Yes

☐

No

If YES, please supply details or Insurer, expiry date, insured values, premiums or other information:

3. Has the Company ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?

☐

Yes

☐

No

If YES, please supply details:

E. DECLARATION & CONSENT

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

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

☐

Yes

☐

No

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

The liability of the Company does not commence until the application has been accepted.

Proposer's signature &
Company stamp

Date

(dd/mm/yyyy)

F. 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)