

QBE COMBINED GENERAL 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?

Full description of your operations and activities (attach applicable brochure)

Clear 1

B. GENERAL QUESTIONNAIRE

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

1. Limit of Liability required.

- (a) RM any one occurrence
- (b) RM in the aggregate for all Injury and/or Damage during the Period of Insurance

2. Details of Premises (including overseas locations):

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1	Premises 2	Premises 3
Location	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupied as	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age of premises	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Please tick	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

For any additional premises please attach a schedule supplying details as above.

3. Estimated Payroll

Estimated Annual Payroll (including earnings of principals, directors, partners)

		No. of Staff
Management, Clerical and Sales	RM <input type="text"/>	<input type="text"/>
Manufacturing	RM <input type="text"/>	<input type="text"/>
Work away from premises	RM <input type="text"/>	<input type="text"/>
Payment to contractors and/or sub-contractors	RM <input type="text"/>	<input type="text"/>
Other (please specify)	RM <input type="text"/>	<input type="text"/>

4. Product Information / Estimated Annual Turnover

(a) <input type="text"/>				
Description of Product	M) Manufacture (I) Import (D) Distribute	Total Turnover (RM)	Exports (RM)	Destination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach product brochures, Annual Reports or other material if applicable.

(b) Do you operate a Quality Control / Recording System?

☐

Yes

☐

No

If "YES", please provide details including Australian or other relevant standards applicable.

(c) Estimated turnover for USA / Canada

B. GENERAL QUESTIONNAIRE (Continuation)**5. Pollution**

- (a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws? ☐ Yes ☐ No
- (b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? ☐ Yes ☐ No

If "YES", please provide details.

- (c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws? ☐ Yes ☐ No

Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored.

6. Care, Custody And Control

Do you require cover for property of others in your care, custody or control?

☐ Yes ☐ No

(no coverage is afforded unless specifically endorsed to the policy)

- (a) What limit of indemnity do you require?

RM

- (b) What is the total value of such property at all locations?

RM

- (c) What is the maximum value of any one item?

RM

Give brief description of such property

- (d) Is coverage afforded by any other Policy of Insurance?

☐ Yes ☐ No

If "YES", please give details.

7. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)?

☐ Yes ☐ No

If YES, please provide full details and attach copies of all agreements (other than lease liability)

8. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee?

☐ Yes ☐ No

(no coverage is afforded unless specifically endorsed to the policy) (b) for no fee

☐ Yes ☐ No

If YES, please provide full details.

9. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following

- | | | | | | |
|---------------------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Aircraft (including component parts) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pesticides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ethical Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fungicides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liquid or gas fuels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petrochemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft (exceeding 15 metres in length) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Class 1 dangerous goods or ammunition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spacecraft or satellites | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fertilisers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Radioactive material or any product containing asbestos | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, please provide full details.

B. GENERAL QUESTIONNAIRE (Continuation)**10. Claims and/or Loss Experience**

(a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date (dd/mm/yyyy)	No. Claims Reported	Amount paid and outstanding	Applicable Excess	Description
To				
To				
To				
To				
To				

(b) After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above.

☐

Yes

☐

No

If YES, please provide full details.

(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?

☐

Yes

☐

No

If YES, please provide full details.

11. Previous Insurance History

After investigation has any proposed insured ever had any

(i) Insurance declined or cancelled?

☐

Yes

☐

No

(ii) Renewal refused?

☐

Yes

☐

No

(iii) Special conditions imposed?

☐

Yes

☐

No

(iv) Increased excess imposed?

☐

Yes

☐

No

(v) Claims denied for this class of insurance?

☐

Yes

☐

No

If YES, please provide full details.

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 its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or its 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.

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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