

QBE CONTRACTORS 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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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)

Trade or profession or nature of business

How long has the business been established?

B. PROPOSER DETAILS

1 a) Full name of proposed Insured including subsidiaries

Company Name

b) Postal Address

c) Phone:

Mobile:

Facsimile:

d) Occupation:

License Number:

e) Are you license to complete demolition work?

☐

Yes

☐

No

If Yes, please supply details:

f) Interested parties (e.g. mortgage)

2. Type of policy: Annual Contract / Single Project Contract (delete whichever is not applicable)

3. Construction Period: Effective Date (dd/mm/yyyy) Expiry Date (dd/mm/yyyy)

4. Maintenance Period: Either Months or Expiry Date (dd/mm/yyyy)

5. Limit of Indemnity RM any one occurrence

6. Excess RM any one occurrence

7. For annual contracts please show principal type of work performed, including estimated contract values:

Dwelling/flat

RM

Offices

RM

Factory Warehouse

RM

School

RM

Car Park Buildings

RM

Hotel/motel/warehouse

RM

Sporting facility buildings

RM

Civil works

RM

Retail

RM

Exhibition & assembly halls

RM

Others (please advise)

RM

8. Advise your experience in the type of construction applied for in this proposal.

9. Construction details relating to single contractors

Please supply copies of plans and bar chart.

Construction Value

RM

10. Is there any excavation, piling, shoring or underpinning?

☐

Yes

☐

No

If Yes, please supply details

11. Are there any alterations or additions to existing permanent structures?

☐

Yes

☐

No

If Yes, please supply details

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B. PROPOSER DETAILS (Continuation)

12. Are existing buildings, underground services or surrounding property affected by your work such as underpinning, removal or alteration of supports, excavations, shoring, piling, vibration, demolition, blasting etc. If yes, state details and method proposed to avoid damage.
-
13. 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 liabilities).
-
14. Do you provide any advice, design, specification or quantity service to third parties?
- a) For a fee ☐ Yes ☐ No
- b) For no fee ☐ Yes ☐ No
If yes please provide details
-
15. Details relating to Annual Contracts.
- | | | | |
|---|---------------------------------|--|---------------------------------|
| a) Annual turnover for the previous twelve months | <input type="text" value="RM"/> | Value of largest single contract | <input type="text" value="RM"/> |
| b) Your estimate for the next 12 months | <input type="text" value="RM"/> | Estimated value of largest single contract | <input type="text" value="RM"/> |
- Annual contract works limitation**
In respect to Annual Contracts, the following must be referred to the Underwriter before cover may be considered:
- * Construction projects involving more than one basement
 - * Civil works or construction projects involving earthworks in excess of 25% of the Insured Contract Works Value
 - * Projects consisting solely of plant and equipment installations
 - * Projects involving the raising, lowering or restumping of an existing structure, removal or alterations of supports or blasting
 - * Excavations exceeding 2.4 metres, underpinning, shoring, propping or sheet piling projects
 - * Any contracts in a CBD area
 - * Contracts where the construction period exceeds twelve months
16. Details of all owned or leased unregistered and registered equipment used in construction.
-
17. Sub contractors
NB This policy covers the named Insured vicarious liability for sub-contractors. The primary liability of sub-contractors is not insured by this policy. Sub-contractors should arrange their own policy.
- Please supply the following details:
- Number and occupation of contractors and sub-contractors on site
 - Fees paid to contractors and sub-contractors split by occupation
 - Do you employ any contract labour employees? ☐ Yes ☐ No
If Yes, please supply full details of occupation, employee number and wage roll
-

B. PROPOSER DETAILS (Continuation)**18. 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 of Claim
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 details:

19. Previous Insurance History

After investigation has any proposed insured ever had any:

- (i) Insurance declined or cancelled?

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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

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.

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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.

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Yes

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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.

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Yes

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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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