

# QBE PRODUCTS 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)  
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](http://www.qbe.com/my) e-mail : [info.mal@qbe.com](mailto: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. DETAILS OF PROPOSER

Name(s) in full

Address

Tel

Period of Insurance

From

To

(dd/mm/yyyy)

Trade or Profession or Nature of business:

Situation to which this insurance applies

Please provide a full description of your Trade or Business:

## C. GENERAL QUESTIONNAIRE

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

1. Length of time that you have been established in this business

2. Turnover:

☐

Yes

☐

No

(a) Wholesale

%

(b) Retail

%

(c) Manufacturing

%

(d) Export

%

(e) Import

%

(f) Other (Please Specify)

%

Last Financial Year:

RM

Current Financial Year:

RM

Next Financial Year:

RM

3. The Products

3.1. List the products manufactured (Imported) or goods sold:

  

3.2. Distribution of Products

Domestic market

RM

Export to USA &/or Canada

RM

Rest of the World

RM

3.3. To your knowledge are any of the products used or incorporated in:

(a) Aircraft or Watercraft

☐

Yes

☐

No

(b) Atomic Reactors or Installations

☐

Yes

☐

No

(c) Petro Chemical Installations

☐

Yes

☐

No

*If "YES" please provide details including turnover:*

  
  

Clear 2

### C. GENERAL QUESTIONNAIRE (Continuation)

3.4. Do you expect to manufacture any new products in the next 12 months?

☐

Yes

☐

No

*If "YES" please provide details*


3.5. Please provide a list of discontinued products manufactured and/or distributed by you:


3.6. List the types of consumers to whom products or goods are sold and whether sold direct to public or through Wholesalers, Distributors or Retailers:


3.7. Raw Materials, Components or Supplies

(a) Describe raw materials, components or supplies used:


(b) Are raw materials, components or supplies imported?

☐

Yes

☐

No

*If "YES" give full details of Manufacturer or Supplier and Country of Origin.*


3.8. Do any of your products contain or consist of the following substances?

(a) Asbestos

☐

Yes

☐

No

(b) Man-made or synthetic mineral fibres (eg. Fibreglass)

☐

Yes

☐

No

*If "YES" give details:*


3.9. Do any of your suppliers contract out of Liability?

☐

Yes

☐

No

*If "YES" give details:*


3.10. Are the finished products:

(a) Subject to any Local Standards Association or relevant international Codes?

☐

Yes

☐

No

(b) Subject to any Statutory or other Regulations?

☐

Yes

☐

No

*If "YES" give details and also state whether these are being complied with:*


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## C. GENERAL QUESTIONNAIRE (Continuation)

### 3.11. Do you -

(a) Impose conditions of sale?

☐

Yes

☐

No

(b) Make any disclaimers of Liability?

☐

Yes

☐

No

(c) Give any guarantee for your products?

☐

Yes

☐

No

*If "YES", please give details (please provide copies):*

### 3.12. Have you ever had to withdraw or recall products from use?

☐

Yes

☐

No

*if "YES", please give details:*

### 3.13. Are any of the products designed or formulated by your own staff?

☐

Yes

☐

No

*If "YES", please give details:*

### 3.14. Radioactivity:

Do the products incorporate radioactive materials or give off radioactive ionising radiations?

☐

Yes

☐

No

*If "YES", please give details:*

### 3.15. Quality Control:

3.15.1 What methods of Quality Control are adopted? Is each and every product

(a) Inspected Only?

☐

Yes

☐

No

(b) Tested only?

☐

Yes

☐

No

*If "YES", please give details:*

3.15.2 Are sampling techniques employed?

☐

Yes

☐

No

*If "YES", state degree of fault tolerated (if any), e.g., 2 per 1,000 per hour per batch:*

3.15.3 What tests and/or inspections are made on the samples?

3.15.4 Are batch samples retained and catalogued?

☐

Yes

☐

No

*If so, for how long are they retained and records kept?*

## C. GENERAL QUESTIONNAIRE (Continuation)

3.15.5 What is the calculated number of defects in relation to output per product?

  

3.15.6 What is the maximum allowed by production manager?

  

3.15.7 What features, if any, are incorporated to ensure that defects are eliminated or reduced or specifications are complied with?

  

3.15.8 Can all of your products be identified as having been manufactured by yourself?

  

3.16. Containers:

How are the products packed e.g. glass, metal, cardboard etc?

  

3.17. Labels:

3.17.1. Do your products carry labels/packaging and/or information sheets which provide instructions and/or information regarding the correct use or storage and/or warnings of potential hazards?

☐

Yes

☐

No

  

3.17.2. Do your labels/packaging and/or information sheets carry instructions in relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?

☐

Yes

☐

No

  

3.17.3. Has the information or instructions contained on your labels, packaging and/or information sheets been tested and/or checked for accuracy?

☐

Yes

☐

No

  

3.17.4. Has the information/instructions contained on your labels, packaging and/or information sheets been checked by a solicitor or lawyer?

☐

Yes

☐

No

  

3.18. Export:

3.18.1. List each of the products exported, the countries to which they are exported and the estimated annual value of such exports per country.

  
  

3.18.2. Do you have any overseas representation, office or sales organisation?

☐

Yes

☐

No

*If "YES", please provide details*

  

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## C. GENERAL QUESTIONNAIRE (Continuation)

### 3.19. Installation:

3.19.1. Do you install or apply your own product/s or perform any services?

☐

Yes

☐

No

*If "YES", please provide details*

3.19.2. What supervision is employed?

### 3.20. History:

3.20.1. Have any legal proceedings ever been initiated against the proposer in connection with any products or goods sold or services rendered by the proposer or any of its subsidiaries anywhere in the world?

☐

Yes

☐

No

*If "YES", please provide details*

3.20.2. Have you ever had any - Insurance declined or cancelled?

☐

Yes

☐

No

3.20.3. Renewal refused?

☐

Yes

☐

No

3.20.4. Special conditions imposed?

☐

Yes

☐

No

3.20.5. Excess imposed?

☐

Yes

☐

No

3.20.6. Claim rejected?

☐

Yes

☐

No

*If "YES", please provide details*

## D. 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. 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.

## E. 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)