

# QBE Association Liability Insurance Proposal Form



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. DETAILS OF APPLICANT

1. Name of Association or Organisation (Hereinafter referred to as the "Association" in this proposal and in this Policy)

2. Your principal address

Postal Code

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

## C. DETAILS OF BOARD OF MANAGEMENT

1. Please note: If your application contains the most recent Annual Report of the Association and the Board of Management remains unchanged from that Annual Report then it is NOT necessary to complete this question. Simply cross (x) the appropriate box below.

Details of the Board of Management of the Association are:  in the attached Annual Report

detailed below

2. Please provide the following details:

Name of Board Member	Date Appointed	Qualification	Age

## D. FINANCIAL POSITION OF THE ASSOCIATION

1. Has there been any change in the financial position of the Association or is there any trend or event not reflected in the Annual Report and financial statements attached to this Proposal, that might materially affect the financial position shown in those statements?  Yes  No
2. Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Association to meet all its debts as and when they fall due?  Yes  No

If you have answered YES to the above, please provide details:

## E. ACTIVITIES OR SERVICES OF THE ASSOCIATION

1. Please provide description of Activities or Services conducted by the Association (Please provide brochures or other promotional materials (if any)):

2. Does the Association provide legal aid services, financial services, computer or information services or other advisory services?  Yes  No

3. Is the Association engaged in any form of research, development, experimentation or testing?  Yes  No

4. Does the Association conduct any activity which evaluates or sets standards for the qualification and performance of others or the quality of products manufactured or sold?  Yes  No

If you have answered YES to any of the above, please provide details:

**F. CLAIMS HISTORY OF DIRECTORS, OFFICERS AND BOARD OR COMMITTEE MEMBERS**

After full enquiry:

- 1. Has there been or is there now any prior or pending Claim against any proposed Insured Person, in their capacity as a director or officer of either the Association or any other company, organization, association, or trust?  Yes  No
- 2. Has there been or is there now any prior or pending litigation against any proposed Insured Person?  Yes  No
- 3. Any circumstances exist that might give rise to a Claim against any proposed Insured Person?  Yes  No

If you have answered YES to any of the above, please provide details:

  


**G. CLAIMS HISTORY OF ASSOCIATION**

After full enquiry:

- 1. Has there been, or is there now any prior or pending action, litigation or other proceeding against the Association, including but not limited to any action, litigation or other proceeding brought under or pursuant to any Federal, State, or local legislation?  Yes  No
- 2. Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the Association?  Yes  No
- 3. Any circumstances exist that might give rise to any event described above?  Yes  No

If you have answered YES to any of the above, please provide details:

  


**H. INSURANCE COVER**

- 1. Does the Association presently carry, or has the Association ever carried, Association Liability or Directors and Officers Liability Insurance?  Yes  No

If YES, please provide details:

Insurer

Expiry Date

Limit of Indemnity

Deductible

**I. APPLICATION FOR COVER**

- 1. Limit of Indemnity Required
- 2. Deductible / Excess Required

Please Note:

If cover is requested for any Optional Extension, then QBE may require additional information and reserves the right to charge any additional premium as it may require.

If cover is required for the Outside Directorship, please supply full name of all Outside Entity. Please note that it is not necessary to submit Annual Reports or financial statements for any Outside Entity unless requested by QBE:

## J. DECLARATION & CONSENT

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

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).

I/We further that the 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.

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

Proposer's signature &  
Company stamp

Date

(dd/mm/yyyy)

## K. 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)