

Single Clinical Trial 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?

Clear 1

B. DETAILS OF APPLICANT

1. Full name of all entities to be insured
2. Your principal address
 Postal Code
3. Address(es) of branch offices or other locations
 Postal Code
4. Description of Business
5. Date on which your practice was established (dd/mm/yyyy)
6. Please supply the following details.
Is the trial conducted in full accordance with:
- (a) Department of Health requirements with protocols approved by an independent Ethics Committee? Yes No
If you have answered to 'No', please supply details.
- (b) Royal College of Physicians recommendations? Yes No
If you have answered to 'No', please supply details.
- (c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines? Yes No
If you have answered to 'No', please supply details.
- (d) E.C. guidelines on Good Clinical Practice? Yes No
If you have answered to 'No', please supply details.
- (e) I.C.H. Harmonised Tripartite Guidelines Yes No
If you have answered to 'No', please supply details.
7. If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers? Yes No
If you have answered to 'No', please supply details.
8. Give details of serious adverse events during the last 5 years resulting in death, injury, disease or illness (physical or mental) to research subjects, and any circumstances which have given or might give rise to a claim against you in connection with the Trial/Trial drug(s), procedures for which coverage is sought hereon.
9. Please attach a copy of:
- (a) PROTOCOL
 - (b) PATIENT/VOLUNTEER INFORMATION (if not incorporated into the Protocol)
 - (c) PATIENT/VOLUNTEER CONSENT FORM (if not incorporated into the Protocol)
 - (d) ANY HOLD HARMLESS AGREEMENT/CONTRACT INDEMNITIES WITH OTHER PARTIES (if applicable)

B. DETAILS OF APPLICANT (Continuation)

10. Please indicate Limit(s) of Indemnity for which a quotation is required or local currency equivalent:

11. Please state whether you require quotations for extended discovery periods (after expiration of the policy or duration of the trial)

(a) 12 months

Yes

No

(b) 24 months

Yes

No

C. 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.

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)

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)