

QBE RETAIL 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?

Situation of Risk (if different from Correspondence Address)

Clear 1

B. GENERAL QUESTIONNAIRE

i. FIRE

1. Interests to be insured:

Building

Stock

Machinery

Fixtures & Fittings

Others (please specify)

TOTAL

Sum Insured (RM)

2. Construction material:

Wall

☐

Brick/Concrete

☐

Asbestos Sheet/Wood/Plywood

☐

Others (please specify)

☐

Roof

☐

Tiles

☐

Asbestos Sheet/Iron/Zinc Sheets

☐

Others (please specify)

☐

Floor

☐

Concrete

☐

Wood/Planks

☐

Others (please specify)

☐

3. Number of storey(s)

4. Is the building detached from other buildings?

☐

Yes

☐

No

5. Year of Construction

6. Do you occupy the entire building?

☐

Yes

☐

No

If you have answered "NO" to Q6, state the occupation(s) of many section(s) not occupied by you

7. How many fire extinguishers do you own which are in good & working condition?

8. Distance of nearest Fire Station

km

9. Please choose the perils required:

☐

Aircraft Damage

☐

Earthquake & Volcanic Eruption

☐

Riot Strike and Malicious Damage

☐

Storm & Tempest

☐

Impact Damage - excluding own vehicles

☐

Spontaneous Combustion (Applicable to Stocks only)

☐

Impact Damage - including own vehicles

☐

Explosion - without boilers

☐

Water Damage due to bursting or overflowing of water tank, apparatus and pipes

☐

Subsidence and landslip

☐

Explosion - with boilers

☐

Others (Please specify)

ii. FIRE BUSINESS INTERRUPTION

1. Number of year in business

years

2. Maximum indemnity Period

months

iii. SPECIAL CONTINGENCY (for immovable fixtures, fitting, machinery & equipment)

1. Interests to be insured:

Equipment/Machinery

Fixtures & Fittings

TOTAL

Sum Insured (RM)

2. Please choose the perils required:

☐

Earthquake & Volcanic Eruption

☐

Malicious Damage

☐

Storm & Tempest

☐

Flood

☐

Subsidence and landslip

☐

Others (Please specify)

Clear 2

B. GENERAL QUESTIONNAIRE (Continuation)**iv. BURGLARY****1. Security features**

(a) Type of doors (entrance & rear) ☐ Metal ☐ Glass ☐ Others (please specify)

☐ Solid Wood ☐ Hollowcore/Timber/Plywood

(b) Door secured by ☐ Motice ☐ Bolts ☐ Open Shackled ☐ Others (Please specify)

☐ Rimlock ☐ Padlocks ☐ Closed Shackled

☐ Iron bars ☐ Iron grilles ☐ Metal/Aluminium claddings

(c) Windows protection ☐ Iron bars ☐ Iron grilles

(d) Security guards ☐ 24 hours ☐ Day only ☐ Night only ☐ None

2. Is there any airway in the premises? ☐ Yes ☐ No

3. Is your premises installed with burglar alarm system? ☐ Yes ☐ No

If "YES", please state the name of manufacturer and brand of alarm

v. MONEY (cover is granted during journey between Insured's premises and Insured's Bank)

1. No. of employees engaged in carrying Money any one time?

Are they armed? ☐ Yes ☐ No

2. Trips (carryings of money) per day or per week

3. Is Money kept in a Safe? ☐ Yes ☐ No

If "YES" please state Brand of Safe

vi. PLATE GLASS

1. Describe the shutters, if any, used to protect glass

2. Type and position of Glass to be insured

vii. PUBLIC LIABILITY

1. Estimated Annual Turnover 2. Number of Employees

viii. EMPLOYER'S LIABILITY**1. Description of employee's occupation****Estimated Wages Salaries & Other Earnings**

Employee's occupation	No. of workmen	Wages & salaries	Living or other allowances	Total earnings
a.				
b.				
c.				

2. Does the above Schedule include all persons in your employment? ☐ Yes ☐ No

If "NO", please state reasons

ix. GROUP PERSONAL ACCIDENT

1. Is your group/organisation at present insured against Personal Accident? ☐ Yes ☐ No

If "YES", please state the insurer, type of policy & sum insured

2. Has any your employees' ever sustained serious bodily injury by accident? ☐ Yes ☐ No

If "YES", please give names of persons, details & particulars of accident and injuries

B. GENERAL QUESTIONNAIRE (Continuation)

3. Are any of your employees' hearing or sight impaired or does any employee suffer from any physical defects or infirmity? ☐ Yes ☐ No

If "YES", please give names of persons, details & particulars of impairment

Please provide list of Insured Persons below

NAME	IC or Passport No. & age	Occupation
<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"/>

C. CLAIMS HISTORY

1. Has any insurer, in respect of any of the insurance to which this proposal applies, ever

(a) Decline to insure you?

☐

Yes

☐

No

(b) Require special terms to insure you?

☐

Yes

☐

No

(c) Refuse to renew your insurance?

☐

Yes

☐

No

(d) Increased your premium on renewal?

☐

Yes

☐

No

If any answer above is "YES", please give particulars and reasons

2. Have you had any losses and/or claims in the past 3 years (whether insured or not), had the events giving rise to the losses and/or claims occurred during the period of this Insurance, would be covered under this proposed insurance.

☐

Yes

☐

No

If "YES", please give particulars

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.

☐

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 hereby authorise, any hospital, surgeon, medical practitioner or clinic or other person who attends to me/Insured Person for any reason to disclose to the insurance company any and all information with respect to any illnesses or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photocopy of this authorisation shall be considered as effective and valid as the original.
3. I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. 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)

F. COVER REQUIRED

Please choose the cover(s) & plan required: (* Sum Insured to be determined by You)

Covers	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
(i) Fire (<i>compulsory</i>)*	<input checked="" type="checkbox"/>		
(ii) Fire Business Interruption - Nett Takings *	<input type="checkbox"/>		
(iii) Special Contingency *	<input type="checkbox"/>		
(iv) Burglary	<input type="checkbox"/> 20,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
(v) Money	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
(vi) Plate Glass	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000
(vii) Public Liability	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,000,000
(select only one Insured Value for each plan)	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 2,000,000
		<input type="checkbox"/> 3,000,000	<input type="checkbox"/> 3,000,000
		<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 5,000,000
(viii) Employer's Liability	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000
(ix) Group Personal Accident - Death & PD	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000	<input type="checkbox"/> 20,000
Group Personal Accident - Medical Expenses	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 500