

QBE Tyre 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)
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 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?

A. PARTICULAR OF PROPOSER (Continuation)

3. Situation of Risk (if different from Correspondence Address)

4. State Mortgagee or Chargee or H.P Co. (if any)

5. When was the business first established?

(year)

6. Construction Material:

Wall	<input type="checkbox"/>	Brick/Concrete	<input type="checkbox"/>	Asbestos Sheet/Wood/Plywood	<input type="checkbox"/>	Others (Please Specify)	<div></div>				
Roof	<input type="checkbox"/>	Tiles	<input type="checkbox"/>	Asbestos Sheet/Iron/Zinc Sheets	<input type="checkbox"/>	Others (Please Specify)	<div></div>				
Floor	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Wood/Planks	<input type="checkbox"/>	Others (Please Specify)	<div></div>				
Entrance & Realdors	<input type="checkbox"/>	Hollow/Timber/ Plywood	<input type="checkbox"/>	Solid Wood	<input type="checkbox"/>	Glass	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Others (Please Specify)	<div></div>

7. Is spray painting carried out the premises intended for insurance?

☐

Yes

☐

No

8. Please describe the nature and quantity (Litres/gallons/numbers) of hazardous goods/liquids kept at the premises,below, if any.

9. Please describe the particulars of equipment to be insured (continue on a saperate sheet if the below space provided is inadequate) :

Interest to be insured (Description of equipment)	Make, model or type	Year of Manufacture	Year of reconditioned	Sum insured
<div></div>				
<div></div>				
<div></div>				

10. Doors are secured by

☐

Notice

☐

Rim lock

☐

Pad locks

☐

Bolt

☐

Others (Please Specify)

11. State type of locks

☐

Open shackle

☐

Close shackle

12. Are external doors reinforced with metal grilles or gate?

☐

Yes

☐

No

If NO, please provide details

13. How are windows protected

☐

Metal bars

☐

Grilles

☐

No protection

14. Do you have an open compound at your premises where customer vehicles are kept overnight?

☐

Yes

☐

No

If YES, a. is the compound fenced up and locked?

☐

Yes

☐

No

b. do you employ a night watchman?

☐

Yes

☐

No

15. Is the there a rear refuse chamber?

☐

Yes

☐

No

If YES, please state if the interna door to the refuse chamber is padlocked.

16. Are you the sole occupier of premises?

☐

Yes

☐

No

If NO, please give description of other tenant(s)

17. Will the premises be left unoccupied?

☐

Yes

☐

No

If YES, please state period of time left occupied

18. Is your premises installed with buglar alarm system?

☐

Yes

☐

No

If YES, a. please state if the alarm regularly tested, serviced and maintained

☐

Yes

☐

No

b. do you maintain a valid maintenance agreement with the manufacturer, dealer or distributor?

☐

Yes

☐

No

c. is the alaram linked to any CMS provider of your (proprietor's) mobile phone.

☐

Yes

☐

No

19. Please complete sum insured for Section 1a,1b and 3, (these are to be insured on a mandatory basis). If you do wish to insure items under Section 1d, 1e, 1f and 2, please complete by filling in the sum to be insured.

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A. PARTICULAR OF PROPOSER (Continuation)

20. For Section 8a, cover is granted automatically for 8 unnamed persons. If you wish to insure additional persons, (at an additional premium of RM30.00 per person), please state the additional number of person under your employ that you want insured: additional persons.

21. If you wish to insured yourself or your partners or key personnel under Section 8b please provide details as below, additional premium of RM65.00 per person will be charged for this selection:

	Full Name	IC Number	Date of Birth	Occupation
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. For this Section on Motor Trade, cover is provided for Trade Plate or by assigned drivers. Please complete the details of the designated drivers as below or provide the trade number to be insured: You may select (please tick) the material damage insured value optional as below (premiums stated are for one named driver/trade plate only):

- ☐ RM 75,000 ☐ RM 100,000
☐ RM 150,000 ☐ RM 250,000

	Full Name of Designated Driver	IC Number	Driving Licence No.	Occupation
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Premiums are subject to Service Tax.

QBE Insurance (Malaysia) Berhad reserves the right to adjust the Service Tax rate applied to policy premiums in accordance with any alterations to the Service Tax legislation and guidelines. Any modifications will be implemented in accordance with changes to the prevailing legal framework from time to time.

B. HISTORY

1. Has any insurer, in respect of any of the insurance to which this proposal applies, ever decline to insure you, or required special terms to insure you, or refuse to renew your insurance, or increased your premium on renewal? ☐ Yes ☐ No
2. Have you had any loses and/or claims, in respect of any of the insurance to which this proposal applies in the past 3 years (whether insured or not) ? ☐ Yes ☐ No

If YES, please provide details

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.

☐ 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 its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or its 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.

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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QBE Tyre Shop Retail Insurance Package

PLANS Summary

Applicable to all regions

Item	Interest Insured	<input type="checkbox"/> ez Plan Sum Insured	<input type="checkbox"/> Plan A Sum Insured	<input type="checkbox"/> Plan B Sum Insured	<input type="checkbox"/> Plan C Sum Insured
Section 1	Fire & Perils				
	a. Stock-in-trade				
	b. Machinery & Equipment				
	c. Office equipment & FFF				
<input type="checkbox"/>	d. Customers vehicles held in trust - optional	75,000	150,000	150,000	150,000
	e. On Building				
	f. On Rent (3 months)				
Section 2	Business Interruption				
	a. On Annual Gross Profit				
Section 3	Special Contingency				
	a. Machinery & Equipment				
	b. Computers and related equipment				
Section 4	Burglary				
	a. Stock-in-trade	30,000	50,000	75,000	100,000
	b. Accessories e.g. rims, audio/video	Part of (4a) but limited to 1/3 in value of (4a)			
<input type="checkbox"/>	c. Customers vehicles held in trust - optional	75,000	150,000	150,000	150,000
Section 5	Money				
	a. Money in Transit/Premises	7,500	10,000	10,000	10,000
	b. Money in Premises	7,500	10,000	10,000	10,000
	c. Money in locked Drawers/Cabinets	1,000	1,000	1,000	1,000
	d. Resultant damage to safe/cabinets/premises	2,500	5,000	5,000	5,000
Section 6	Plate Glass	5,000	10,000	15,000	20,000
Section 7	Public Liability				
	a. Limit of liability anyone event	100,000	250,000	500,000	750,000
	b. Limit anyone policy period	200,000	500,000	1,000,000	1,500,000
Section 8	Group PA - for staff				
	a. Accidental Death	15,000	15,000	15,000	15,000
	b. Permanent Total Disability	15,000	15,000	15,000	15,000
<input type="checkbox"/>	Special Cover - for proprietor - Optional Cover				
	a. Accidental Death	100,000	100,000	100,000	100,000
	b. Permanent Total Disability	100,000	100,000	100,000	100,000
	c. Medical Expenses	1,000	1,000	1,000	1,000
Section 9	MOTOR TRADE Insurance - Optional Cover				
<input type="checkbox"/>	i. Option (i) - Material Damage Value	75,000	75,000	75,000	75,000
<input type="checkbox"/>	ii. Option (ii) - Material Damage Value	100,000	100,000	100,000	100,000
<input type="checkbox"/>	iii. Option (iii) - Material Damage Value	150,000	150,000	150,000	150,000
<input type="checkbox"/>	iv. Option (iv) - Material Damage Value	250,000	250,000	250,000	250,000
	Package premium without Sec 1, 2, 3, 4c, 8b & Motor trade	668	1,030	1,430	1,830
	Full package premium without MT				
	Option (i) MTP PREMIUM				
	Option (ii) MTP PREMIUM				
	Option (iii) MTP PREMIUM				
	Option (iv) MTP PREMIUM				
	Package premium with OPTIONS SELECTED with SST + Stamp Duty				
	with Option (i) MTP				
	with Option (ii) MTP				
	with Option (iii) MTP				
	with Option (iv) MTP				
<input type="checkbox"/>	Select Plan required by marking with a tick (✓)				

Mark with a tick, if cover for customer's vehicle is required. Section 4c cannot be selected if you have not selected Section 1d
If you require cover for Motor Trade, select Option required by marking with a tick

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