

# Prime Package 2 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?

**B. PARTICULARS OF RISK PREMISE**

1 Situation of Risks			
		2 Postcode	
3 Year Built		4 No of Storeys	
		5 Total No of Units	
6 Total Blocks			
7 Nature of Occupation:			
<input type="checkbox"/> Apartment/ Condominium	<input type="checkbox"/> Office	<input type="checkbox"/> Hospital	<input type="checkbox"/> Shopping Mall
		<input type="checkbox"/> School / College	<input type="checkbox"/> Hotel
8 Name of Mortgagee/ Chargee (if applicable)			
9 Fire Fighting Facilities:			
<input type="checkbox"/> Portable fire extinguishers	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Hydrant	
<input type="checkbox"/> Wet Riser	<input type="checkbox"/> Automatic Alarm	<input type="checkbox"/> Automatic Sprinkler	
<input type="checkbox"/> Heat/Smoke Detectors	<input type="checkbox"/> Others, please specify		
10 Anti-Crime Information:			
<input type="checkbox"/> Central Monitoring Station	<input type="checkbox"/> Closed Circuit Television (CCTV)	<input type="checkbox"/> Alarm	
<input type="checkbox"/> Watchman services	<input type="checkbox"/> Motion Sensors	<input type="checkbox"/> None of the above	
<input type="checkbox"/> Others, please specify			
11 Is the risk located in a flood prone area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Was there any history of subsidence or landslip in the risk location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Have you made a claim during the past 2 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:			
14 Do you conduct scheduled maintenance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate how often is the scheduled maintenance.			
15 Period of Insurance Required	From	To	(dd/mm/yyyy)

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### C. PAYMENT INSTRUCTION

Premium Due  (Inclusive of fees and taxes)

Paid by:

☐

#### Bank Transfer

Please transfer the premium to QBE Bank Account:

HSBC Bank Malaysia Berhad

2 Lebu Ampang, 50100 Kuala Lumpur

Account Name: QBE Insurance (Malaysia) Berhad

Account No.: 301-231361-001 SWIFT Code: HBMBMYKL

Kindly email the payment details and contact no. to [finance.collection@qbe.com.my](mailto:finance.collection@qbe.com.my)

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#### Credit Card

Card holder's Name

Card Number

Visa

Master

Issuance Bank

Expiry Date

(dd/mm/yyyy)

Cardholder's  
Signature

Date

(dd/mm/yyyy)

\* 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.

### D. DECLARATION BY PROPOSER

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

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

☐ Yes

☐ No

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

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

Signature of applicant  
and Company Stamp

Date:

(dd/mm/yyyy)

### 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)

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