

QBE Tour & Travel Agent's Insurance Plan 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

A. PARTICULAR OF PROPOSER (Continuation)

Situation of Risk (if different from Correspondence Address)

Construction material of office premises/building - if the premises you occupy is not constructed of brick/concrete wall and floor, and tiled roof, please state the material used below.

Year building was built

Date business was established

(dd/mm/yyyy)

FOR SECTION 1 TO 9 (OPERATIONAL RISKS COVER)

Please complete sum insured for Section 1a, 3 and 4 as these are mandatory covers. You may choose to also insure under Section 1b and 2 which are optional. If you do not wish to insure Section 1b and 2, no amounts need to be entered.

Please tick (✓) the option selected for Section 5a & 5b, 7 and 8. These are mandatory covers.

For Section 9a, please provide details of up to five (5) staff members to be insured as below. If you wish to insure additional please provide similar details on a separate sheet.

	Full Name	NRIC	Date of Birth	Age	Occupation
1.					
2.					
3.					
4.					
5.					

If you wish to insure proprietors or key personnel under Section 9b please provide details as below:

	Full Name	NRIC	Date of Birth	Age	Occupation
1.					
2.					
3.					

FOR SECTION 10 (PERSONAL ACCIDENT for INBOUND TOURISTS)

This Cover can only be purchased together with OPERATIONAL RISKS COVER. Cover under this Section is mandatory for ALL inbound tourists under your jurisdiction. You are required to declare to QBE the total number of inbound tourist you manage at the end of each month. Cover is granted for a maximum of 14 days only. Should you require cover for more than 14 days, please contact QBE for confirmation.

Total number of inbound tourists in the last 12 months:

Estimated total number of inbound tourists in the coming 12 months:

What is the largest number of tourists in one single group:

What is the average duration of stay in Malaysia of your inbound tourists:

FOR SECTION 11 (PROFESSIONAL INDEMNITY COVER)

This section is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to QBE during the period of cover. This policy does not provide cover in relation to:

- Events that occurred prior to the commencement of this policy
- Claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover
- Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy/policies
- Claims made, threatened or intimated against you prior to the commencement of the period of cover
- Facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known, had the potential to give rise to a claim under this policy
- Claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form/s
- The first RM15,000 being the deductible, each and every loss

Please provide your current valid MATTA membership number

List other professional bodies or associations to which you and/or your practice belong.

Please state the type of Agency you operate?

Inbound only

Outbound only

Both inbound and outbound

Clear 2

FOR SECTION 11 (PROFESSIONAL INDEMNITY COVER) (Continuation)

Please confirm that your business activities are as below:

a. Arranging for sale or commission any transportation, tickets entitling a person to travel on any conveyance either by land, sea or air, accommodation, tour services or any other incidental services for tourists within or outside Malaysia

☐

Yes

☐

No

b. Organising or conducting for sale or commission inbound or outbound tours

☐

Yes

☐

No

c. Provide conveyances for hire to tourists

☐

Yes

☐

No

d. Other services incidental to services enumerated above

☐

Yes

☐

No

If there should be other activities undertaken by you please describe them below:

Do you engage consultants, sub-contractors or agents? *If YES:*☐

Yes

☐

No

a. Do you insist they carry their own professional indemnity insurance?

☐

Yes

☐

No

b. Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?

☐

Yes

☐

No

Do you issue any brochures or other promotional material (including capability statements) describing your activities or services?

☐

Yes

☐

No

If YES, please enclose copies.

Do you perform work outside of Malaysia, or work for clients located overseas?

☐

Yes

☐

No

If YES, please advise locations and details of work.

Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months?

☐

Yes

☐

No

If YES, please advise details.

Please advise the date of your financial year end

(dd/mm/yyyy)

Please provide the amount of total revenue/income/fees for the following:

a. Estimated Coming Year

b. Estimated Current Year

c. Last Year

Please provide the approximate percentage of your activities (based on revenue/fee/income) applicable to each country/region from which you derive a portion of your income.

Country/Region	Malaysia	Asia	Europe	USA/Canada	Other
Percentage of Income	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Does your business presently carry, or has your practice ever carried, professional indemnity insurance?

☐

Yes

☐

No

If YES, please advise details:

Insurer

Expiry Date

Limit of Indemnity

Deductible

Please select the Indemnity Limit required:

☐ RM250,000☐ RM500,000☐ RM1,000,000☐ RM1,500,000☐ RM2,000,000

B. HISTORY

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

Have you had any losses 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 advise details.

For the purpose of Insurance under PROFESSIONAL INDEMNITY please complete the 3 questions below:

Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?

☐

Yes

☐

No

If YES, please advise details.

Have any claims for negligence or breach of professional duty been made in the last five (5) years against your business or any of its predecessors in business or any prior business of any of your present or former partners or directors, or have circumstances been notified to insurers that might give rise to a claim?

☐

Yes

☐

No

If YES, please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of the Matter	Amount Paid or Estimated of Potential Liability	Is Matter Finalised
<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"/>	<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"/>

Are any of the partners or directors, after enquiry, aware of any claim or circumstance that may give rise to a claim against your business or any prior business or any of their present or former partners or directors where such is not referred to previous question above?

☐

Yes

☐

No

If YES, please provide the following details in respect of each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Amount Paid or Estimated of Potential Liability
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Clear 4

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)

QBE Tour & Travel Agent's INSURANCE PLAN

SECTION 1 - FIRE & PERILS

a. Office fixtures, fittings & furniture

b. Building (Optional)

SECTION 2 - BUSINESS INTERRUPTION (OPTIONAL)

Increased Cost of Working

SECTION 3 - SPECIAL CONTINGENCY

a. Office equipment (other than computer equipment)

b. Computer equipment (theft only)

c. Equipment, utensils and the like

SECTION 4 - ELECTRONIC EQUIPMENT

Computer equipment

a. Material Damage amount

b. Recompilation of Data cost

c. Increased Cost of Working

SECTION 5 - MONEY

a. Money in transit & Money in premises (locked safe or strong room)

☐

RM10,000

☐

RM20,000

☐

RM30,000

b. Money in locked drawers or cabinets

☐

RM2,000

☐

RM4,000

☐

RM6,000

c. Resultant damage to locked safe or strong room or premises

 RM2,000

SECTION 6 - FIDELITY GUARANTEE

Limit of loss anyone event/aggregate

SECTION 7 - PLATE GLASS & SIGNAGES

Plate Glass (including signages)

☐

RM10,000

☐

RM20,000

☐

RM30,000

SECTION 8 - PUBLIC LIABILITY

a. Limit of liability anyone event

☐

RM250,000

☐

RM500,000

☐

RM1,000,000

b. Limit of liability anyone period

 Unlimited

SECTION 9 - GROUP PERSONAL ACCIDENT

a. For General Staff (5 persons only)

i. Accident Death

 RM 50,000

ii. Permanent Disability

 RM 50,000

iii. Medical Expenses

 RM 1,000

b. Special Cover - Personal Accident for Partners (Optional)

i. Accidental Death

 RM 200,000

ii. Permanent Disability

 RM 200,000

iii. Medical Expenses

 RM 2,000

SECTION 10 - PERSONAL ACCIDENT for INBOUND TOURISTS

i. Accident Death

 RM 30,000

ii. Permanent Disability

 RM 30,000

iii. Medical Expenses

 RM 2,500

iv. Repatriation Benefit

 RM 2,000

SECTION 11 - PROFESSIONAL INDEMNITY

On Errors or Omission, professional negligence of the Insured and staff

☐

RM250,000

☐

RM500,000

☐

RM1,000,000

☐

RM1,500,000

☐

RM2,000,000

Clear 6