

QBE WORKMEN'S COMPENSATION 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 NOTICE

1) Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance wholly unrelated to your trade, business or profession (Consumer Insurance Contract), you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must complete this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

2) Pursuant to Paragraph 4 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for purposes related to your trade, business or profession (Non-consumer Insurance Contract), 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 for Consumer and Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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.

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A. PARTICULAR OF PROPOSER (Continuation)

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 to which this insurance applies

B. GENERAL QUESTIONNAIRE

Note: All questions must be answered by the proposer and appropriately marked (✓) where applicable

1.	Description of employees' occupation	Estimated no. of employees	Estimated wages salaries and other earnings to be paid in cash during the above period (RM)	Living or other Allowances (RM)	Total Earnings (RM)	For Office Use Only		
						Rate Per Cent	Premium (RM)	Classification Codes

Note: Premium is subject to *Service Tax and Stamp Duty.

2. Do you wish to insure your liability under the Workmen's Compensation Laws to the workmen of sub-contractors? (i.e. of "contractors" as defined in the Workmen Compensation Laws, see notes overleaf) YES NO

If YES, please state

Name of Contractors	Nature of work	Total sub-contract value (RM)	Total wages of sub-contractor's employees (RM)

3. Total amount of the wages salaries and other earnings paid by me/us to the above employees during the past twelve months. RM

4. Please state whether employees are provided with :-

- (a) free living quarters YES NO
- (b) free food YES NO
- (c) free education for children YES NO
- (d) free nursing, milk and rice for children YES NO
- (e) any other free benefit YES NO

If so, please state their nature and estimated value below:-

5. Does the foregoing Schedule include :

- (a) All persons in your services? YES NO
- (b) All your sub-contractors? YES NO

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B. GENERAL QUESTIONNAIRE (Continuation)

6. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? YES NO

If YES, please give full particulars and description below:

- (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? YES NO

If NO, please give full particulars below:

- (c) Do you have boilers in your premises? YES NO

If YES, please give details below:

- (d) Is your machinery and boiler certificated under the Machinery Enactment or Ordinance Certification? YES NO

If NO, please stated what conditions it is exempted from such registration

7. Are explosives used in your business? YES NO

If YES, please state

- (a) Description of explosive used
- (b) Method of firing
- (c) To what extent they are used
- (d) Where they are stored

8. In respect of your liability to your employees :

- (a) Are you at present insured? YES NO

- (b) Have you ever proposed for Workmen's Compensation insurance? YES NO

If YES, please give the name(s) of insurer(s) & policy no(s)

9. Has any proposal for an Insurance in respect of your liability to your employees or renewal thereof ever

- (a) Been declined? YES NO

- (b) Been withdrawn? YES NO

- (c) Required special terms to insure you? YES NO

If YES, please give the name(s) of insurer(s) and state reasons

10. Are Acids, Gases and Chemicals used?

If YES, please describe the type used and to what extent are they used

B. GENERAL QUESTIONNAIRE (Continuation)

11. Please complete the following schedule relating to accidents to your employees and diseases incidental to their occupations during the past 3 years.

Year	Total wages expended	Fatal		Temporary Disablement only		Permanent Disablement	
		No.	Compensation paid to date	No.	Compensation paid to date	No.	Compensation paid to date
Claims still Unsettled	Year of Accident	No.	Estimated further cost	No.	Estimated further cost	No.	Estimated further cost

C. 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.

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 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

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

Signature of applicant and 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)

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