

QBE Pleasure Craft 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. HULL & MOTOR

Hull Details

Boat Name	<input type="text"/>	Registration No.	<input type="text"/>	Country of Registration	<input type="text"/>
Make & Model	<input type="text"/>	Year Built	<input type="text"/>	Passenger/Crew Capacity	<input type="text"/>
Type of Boat	<input type="text"/>	Date Purchased	<input type="text"/>	Purchase Price	<input type="text"/>
Other Features	<input type="checkbox"/> Non-Production Boat	<input type="checkbox"/> Mono	<input type="checkbox"/> Catamaran	<input type="checkbox"/> Trimaran	<input type="checkbox"/> Houseboat
Construction	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Glass-Reinforced Plastic (GRP)	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood
	<input type="checkbox"/> Others (please specify)	<input type="text"/>			
Dimension (ft/m)	Length <input type="text"/>	Beam <input type="text"/>	Draft <input type="text"/>	Fire Extinguishing <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> None	
	GRT <input type="text"/>				

Motor Details

Make	<input type="text"/>	Power (hp/kw)	<input type="text"/>	Max Designed Speed (knots)	<input type="text"/>	Fuel	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline
Propulsion	<input type="checkbox"/> Non-powered	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail-powered	<input type="checkbox"/> Jet			
	<input type="checkbox"/> Others (please specify)	<input type="text"/>						

C. NAVIGATION AREA

Where is vessel <u>normally</u> moored?	<input type="text"/>				
How is vessel <u>normally</u> moored?	<input type="checkbox"/> Jetty at a private residence	<input type="checkbox"/> Marina Berth	<input type="checkbox"/> Marina Stack or Slip	<input type="checkbox"/> Trailer at commercial premise	<input type="checkbox"/> Trailer at private residence
	<input type="checkbox"/> Other (please specify)	<input type="text"/>			
What is vessel's <u>main</u> navigation area?	<input type="text"/>				

D. USE OF BOAT / SKIPPER

Purpose	<input type="checkbox"/> Private & Pleasure	<input type="checkbox"/> Live aboard	<input type="checkbox"/> Commercial Use (for reward but no charter agreement)	<input type="checkbox"/> Skippered Charter	<input type="checkbox"/> Bareboat Charter
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If vessel is used for commercial use/skippered charter/bareboat charter, please describe usage:

Please give the following details of person(s) who will operate (e.g. skipper, crew etc) the vessel while it is underway:

Full Name	Age	Years Sailing	Licence / Qualifications / Completed Sailing/Boating courses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. OTHER INFORMATION

Have you, or any other person or entity who will take charge of the vessel or who has a financial interest in the vessel:

a)	Suffered any accidents or losses in the last 5 years? (If Yes, please give details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	<table><tr><th>Date of Accident(s)</th><th>Description of Accident(s)</th><th>Claims Amount</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Date of Accident(s)	Description of Accident(s)	Claims Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
b)	Been charged / convicted of an offence in the last 5 years? (If Yes, please give details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	<input type="text"/>											
c)	Ever had any insurances refused or cancelled? (If Yes, please give details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	<input type="text"/>											
d)	Period of Insurance required	From: <input type="text"/>	To: <input type="text"/> (dd/mm/yyyy)									
e)	Any other party (e.g. co-owner / mortgagee / other management company) to be included under the Assured Clause? (If Yes, please give details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	<input type="text"/>											

Clear 2

F. INSURANCE COVERAGE

1. Sums Insured - Please state the required sums insured in the relevant space:

Malaysia Ringgit (MYR)

SECTION 1

☐ Cover For Your Boat

Total Sum Insured:

If you wish you may split the sum insured by component:

- i) Hull
- ii) Motor(s)
- iii) Mast Spars Rigging Sails
- iv) Tender with Outboard Motor
(please provide details, if any)
- v) Trailer

SECTION 2

☐ Legal Liability Cover

☐ Up to Hull Value

☐ Please specify if higher limit is required

SECTION 3

☒ Personal Accident Cover

Free cover for you or one person allow by you to control your boat (please specify the name of the one (1) person in the space below) up to MYR10,000 per person up to an aggregate limit of MYR10,000 any one accident.

Name of Insured Person:

☐ Please specify if higher limits is required:
(subject to additional premium)

Limit any one person /

Aggregate Limit

☐ Personal Accident Plus
(Optional at additional premium)

Please specify limits required:

Limit any one person

Aggregate Limit

SECTION 4

☒ Personal Effects Cover

Free cover of MYR300 for any one item up to maximum of MYR3,000 in total any one accident.

☐ Please specify if higher limits is required:
(subject to additional premium)

Limit for any one item

Aggregate Limit

* Please provide list of all personal effects in value if cover over MYR500 for any one item is required.

☐ Additional Cover For Sporting Equipment
(Optional at additional premium)

MYR1,000 for any one item up to maximum of MYR10,000 in total any one accident.

☐ Please specify limits required:

Limit for any one item

Aggregate Limit

* Please provide list of all sporting equipment in value if cover over MYR1,000 for any one item is required.

2. Additional Covers - Do you require cover to include:

☐ Sailboat Club Racing Risk Extension

☐ Named Sailboat Racing Risk Extension

Name of Race / Location	Length (NM) any one leg

Name of Race / Location	Length (NM) any one leg

☐ Water Skiers and/or Aquaplaning Liability Extension

Sub-Limit:

☐ Land Transit Damage Extension

☐ War Risks and Strikes Risks Extension

☐ Any other additional cover require, please specify in the space below:

G. 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.

H. 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)