

QBE Fidelity Guarantee Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad (Reg. No.: 161086-D)

(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
GST Reg No.: 002077360128
www.qbe.com.my e-mail: info.mal@qbe.com

IMPORTANT NOTICE

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.

Are you Registered for GST ? If Yes, Please provide the following			Yes <input type="checkbox"/>	No <input type="checkbox"/>
GST Registration Date	/ /	GST Registration Number.		

A. DETAILS OF PROPOSER

Name(s) in full										
Address										
					Tel					
Period of Insurance		From	/ /	To	/ /	(dd/mm/yy)				
Occupation or Profession or Nature of Business (if more than one please state all):										

B. GENERAL QUESTIONNAIRE

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

1. Particulars of person or persons to which this guarantee apply

Name of employee	Age	Position or capacity	Guarantee amount required	Salaries including other remuneration or commission	Years of service	If traveling, state the locations & period of stay at those locations

Note: The maximum liability granted under this cover will be the limit set forth above against each person(s) and in the aggregate.

2. Has any person (currently employed) previously work with you before? Yes No

If YES, please state particulars & reasons for leaving your employment.

Was guarantee required then?

If NO, state reasons why guarantee is now required.

3. Has any employee or person holding the same or similar position committed any default? Yes No

If YES, give full particulars and the amount involved.

4. Are you presently insured or have you ever propose for a similar insurance of this nature? Yes No

If YES, please state name of insurer and Policy No.

B. GENERAL QUESTIONNAIRE (Continuation)

5.	Have you ever sustain a loss of embezzlement, misappropriation or default or made a claim of such nature?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
<i>If YES, please state name of insurer and describe circumstances and amount involved.</i>				
6.	State			
	a) the largest amount any employee is allowed to retain			
	b) how often such amounts are accounted for and by whom checked			
	c) how often a bank statement is sent to the management			
7.	Will any of your employees named in the Schedule have any stock under their control?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
8.	Are your employees authorised to sign cheques? <i>If YES</i>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	(a) Will they be countersigned any by whom?			
	(b) If not countersigned, up to what limits may they be authorised to sign?			
9.	Does one person act as both Cashier and Bookkeeper?	Yes	<input type="checkbox"/> No	<input type="checkbox"/>
10.	Has any insurer ever			
	a) declined your proposal ?		<input type="checkbox"/>	<input type="checkbox"/>
	b) refused to renew your policy?		<input type="checkbox"/>	<input type="checkbox"/>
	c) cancelled your policy?		<input type="checkbox"/>	<input type="checkbox"/>
	d) require any increased rate or impose restrictions or conditions?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If any answer above is YES, please give particulars and reasons.</i>				
Note: Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.				

DECLARATION AND SIGNATURE

Privacy Policy Statement

I/We understand, acknowledge, agree and consent that QBE Insurance (Malaysia) Berhad and all of its related companies ("QBE") is permitted to collect, use, disclose and/or process my personal data revealed hereto. QBE is at liberty to disclose and transfer (including outside Malaysia) such personal data to relevant third parties provided that the revelation of my personal data is strictly for the purpose(s) in relation to the insurance which I have applied hereto, including but not limited to, the purpose(s) of: (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims; (ii) exercising any rights that QBE may have to recover monies from third parties; (iii) making reinsurance recoveries; (iv) investigating the accident and/or my claims; (v) carrying out and/or dealing with my instructions or responding to any enquiries by me; (vi) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); (vii) the development of databases on claims, claims statistics and/or claims development; and/or (viii) complying with applicable law in administering, processing, handling and/or dealing with my claims; (collectively the "Purpose"). My consent given hereto covers any repeated collection of my personal data in the same circumstances and is in line with the requirement set forth on the Personal Data Protection Act 2010.

QBE Insurance (Malaysia) Berhad is committed to ensuring the safety and security of your personal data. You may refer to our Privacy Policy Statement which is posted at our website www.qbe.com.my. If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

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.

Signature of Proposer & Company Stamp	/ /
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Date (dd/mm/yyyy)

DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMTFA)

1. I/We hereby certify that one or more of the following original documents was verified and authenticated by me/us at the point of sales.

For Individual	For Company
NRIC (New) <input type="checkbox"/>	Certificate of Incorporation (ROC) <input type="checkbox"/>
Passport <input type="checkbox"/>	Annual Return or Form 24 and 49 <input type="checkbox"/>
	Latest Annual Audited Financial Statement <input type="checkbox"/>

2. I/We have attached together with this proposal form a copy of the document(s) above of the applicant of individual policies or group Insurance policies where premium is more than RM50,000.00 or RM100,000.00 respectively.

Name

NRIC No.

Date (dd/mm/yyyy)

Signature & Company Stamp