

QBE Money Insurance PROPOSAL



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

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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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.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>	
Company name	<input type="text"/>			
Are you Registered for GST? If Yes, Please provide the following	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
GST Registration Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	GST Registration Number	<input type="text"/>	
Company address	<input type="text"/>			
<input type="text"/>	Tel	<input type="text"/>		

DETAILS OF PROPOSER

(a) Name of proposer (please underline your surname or family name if you are an individual proposer)

(b) Address

 Tel

(c) Occupation or Profession or Nature of business

(d) Period of Insurance From / / To / / (dd/mm/yy)

(e) Situation to which this insurance applies

GENERAL QUESTIONNAIRE

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

(a) A. How many Employees are engaged in carrying Money at any one time, and are they armed?
 1 Employee 2 Employees more than 2 Employees
Employees Armed? Yes No

B. Are they Males and over 18 years of age? Yes No
If NO, please give details

GENERAL QUESTIONNAIRE (Continuation)

C. How long have they been in your employment?

less than 1 year more than 1 year 2 years or more 3 years or more

D. Will Police Escort be provided?

Yes No

(b) E. How often are journeys with Money made ?

Once per day Twice per day Once every 2 days Once a week Others

If Others, please provide full details

F. State the method of transmission and the precautions to be employed. (If space provided is inadequate, please attach separate sheet)

(c) Address of Proposer's premises to and from which transit of Money is to be insured and/or on which Money to be insured is contained. (If space provided is inadequate, please attach separate sheet.)

(a) To & From (Addresses of premises covered)

(b) To & From (Addresses of premises covered)

If Others, please state & give particulars

(d) (a) Money (EXCLUDING Crossed Cheques, Crossed Money Orders and Crossed Postal Orders) to be insured between the Premises and the Bank or Post Office including wages and/or salaries not paid out within the day of withdrawal and still being kept in the Premises (Company's liability in respect of wages and/or salaries not paid out shall not exceed 40% of such particular withdrawal) during business hours

Maximum amount per transit (Amount to be insured) RM
 Estimated Annual Carryings RM

(b) Money in locked safe or strongroom (including wages and/or salaries not paid out within the day of withdrawal) after business hours, in the Premises. RM

(c) Money other than money for payments of wages and/or salaries or other earnings kept in locked drawers and cabinets. RM

Supplementary questions for item (iii)

(a) Where exactly is the position of drawers and cabinets?

(b) Who holds keys to the drawers and cabinets?

(b) Money CONSISTING OF Crossed Cheques, Crossed Money Order and Crossed Postal Orders to be insured between the Premises and the Bank / Post office. RM

(e) Is Money kept in safe? Yes No

If YES, please state

(a) The name of the Safe-maker

(b) The Maker's number of the Safe

(c) Whether the Safe is marked Fire or Thief Resisting

(d) Cost of Safe

(e) Number of Keys and by whom held

GENERAL QUESTIONNAIRE (Continuation)

(f) (a) Have you ever sustained a loss of the type for which cover is required? Yes No
If YES, please give full particulars including amount of loss.

(b) If YES, what precautions have been adopted to avoid recurrence?

(g) Have you ever proposed for an insurance of this nature? Yes No
If YES, please give the name of the insurer.

(h) Have you ever had an insurance of this nature

(a) declined or terminated Yes No

(b) has an increased Premium been required? Yes No

If any of the above is YES, please give reasons

(i) Are Employees engaged in handling Money covered under a Fidelity Guarantee Policy? Yes No
If YES, please give name of insurer & Policy No.

(j) What is the highest amount of Money carried at any one time? RM

(k) Give name of Insurance Company insuring your Fire and other Accident Insurances.

(l) Are the Premises in your sole occupation? Yes No
If NO, please give full particulars of persons or firm sharing premises.

For the purpose of this Proposal the term "Money" shall mean:-

"Current coin, bank notes, currency notes, cheques, postal orders, money orders, unused postage and revenue stamps.

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

Date (dd/mm/yy)

/ /

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

NRIC (New)

Passport

For Company

Certificate of Incorporation (ROC)

Annual Return or Form 24 and 49

Latest Annual Audited Financial Statement

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/yy)

Signature &
Company Stamp