

QBE Tour & Travel Agent's Insurance Plan 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

Cover Note No.

Policy No.

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.

A. DETAILS OF PROPOSER

Name of Agency Business Registration No.

Are you registered for GST? If Yes, Please provide the following

Yes

No

GST Registration Date / /

GST Registration Number

Correspondence Address

Tel

Period of Insurance From / / to / / (dd/mm/yy)

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

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. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

FOR SECTION 1 TO 9 (OPERATIONAL RISKS COVER) (Continuation)

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

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.

FOR SECTION 11 (PROFESSIONAL INDEMNITY COVER) (Continuation)

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

 / /

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 | % | % | % | % | % |

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 |
|----------------------|--------------------------|--|---------------------------------|---|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|--|---------------------------------|---|
| | | |
| | | |

C. 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 do hereby declare that:

1. I am/we are authorised to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.

Proposer's Signature:

Date: (dd/mm/yy)

and company stamp

D. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

In compliance with Section 16(2) of the ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING (AMENDMENT) ACT 2014

1. I/WE hereby certify that I have verified and authenticated the Proposer's NRIC/ Business Registration Certificate at the point of sales.
2. I/WE have maintained a copy of the NRIC of the applicants of individual insurance where premium is more than RM50,000.00, a copy of Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yy)

**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

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

SECTION 9 - GROUP PERSONAL ACCIDENT

a. For General Staff (5 persons only)

i. Accident Death

ii. Permanent Disability

iii. Medical Expenses

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

i. Accidental Death

ii. Permanent Disability

iii. Medical Expenses

SECTION 10 - PERSONAL ACCIDENT for INBOUND TOURISTS

i. Accident Death

ii. Permanent Disability

iii. Medical Expenses

iv. Repatriation Benefit

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