

QBE ERECTION ALL RISKS 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 AND GENERAL QUESTIONNAIRE

1. Name and address of proposer	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
2. Name and address of principal	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
3. Name(s) and address(es) of contractor(s) and subcontractor(s)	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
4. Name(s) and address(es) of manufacturers of main items	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
5. Name(s) and address(es) of firm supervising erection	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
6. Name and address of consulting engineer	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	

DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

7. Name(s) of party (parties) comprising the insured

8. Title of contract (if project consists of several sections, please specify sections(s) to be insured

9. Location of erection site

10. Exact description of the property to be erected (if second hand items are to be erected, please state)
 In case of machines, please provide manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions. In of complete factories, please provide general drawing of plant, nature of civil engineering work (if any)

11. Period of insurance	Commencement of insurance	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)	
	Duration of pre-storage	<input type="text"/>		
	Commencement of erection work	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)	
	Duration of erection / construction	<input type="text"/>	months	
	Duration of testing	<input type="text"/>	weeks	
	If maintenance coverage required	Duration of maintenance	<input type="text"/>	months
		Type of coverage required	<input type="text"/>	
	Termination of insurance	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)	

12. Have plans, designs and materials of the kind used in this project been used and/or tested in

Previous constructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous constructions by the contractor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give details of similar projects carried out by contractor(s).

13. Is this an extension of an existing plant? Yes No
 Will operation of existing plant continue during erection period? (enclose plans where available) Yes No

14. Have the buildings and civil engineering works already been completed? Yes No

15. Are there works to be carried out by subcontractors? Yes No
 If YES, please describe the work. Yes No

DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

16. Please advise of Special Hazards present

- Fire, explosion Yes No
- Flood, inundation Yes No
- Landslip, storm Yes No
- Blasting Yes No
- Other hazards Yes No

If any of the above is answered YES, please give details

17. Nearest river, lake, sea, etc.

Name

Distance

Elevation of site above	low water	<input style="width: 100%;" type="text"/>	Meters
	mean water	<input style="width: 100%;" type="text"/>	Meters
	highest level recorded	<input style="width: 100%;" type="text"/>	Meters

18. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? Yes No

Limit of indemnity

If yes, please provide exact description of these buildings / structures

19. Is third party liability to be included? Yes No

Limit of indemnity

If yes, please provide brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractors (*enclose maps, if possible*)

20. Do you wish cover to include extra charges (in case of loss) for

- Express freight, overtime, night work, work on public holidays? Yes No
- Air freight? Yes No

21. Give details of any special extensions of cover required.

DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)

22. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (of policy wording, Section 1, Memo 1 and Section 2)

Section 1 - Material Damage

Items to be insured	Sums to be insured (state below separately)
1. Erection works, split up as follows	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs duties and dues	
1.4 Cost of erection	
2. Civil engineering works	
3. Construction / erection equipment (tools equipment and temporary buildings, scaffolding, hoardings, formwork and falsework)	
4. Construction / erection machinery	
5. Clearance of debris (limit of indemnity)	
6. Property located on the principal's premises or on the site, belonging to the principal or held in care custody or control (limit of indemnity - see Memo 4 of policy)	
Total sum to be insured under Section 1	

Section 2 - Third Party Liability

Insured items	Sums to be insured (state below separately)
Bodily injury - any one person	
Bodily injury - total	
Property damage	
Or alternatively: combined single limit of	
Total sum insured	

¹ if necessary, on a separate sheet.

² limit of indemnity in respect of any one accident or series of accidents arising out of one event.

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 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

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

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.
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

Signature &
Company Stamp:

Date: (dd/mm/yy)