QBE Special Perils 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.

Cover Note No.					Interm	nediary No							
Are you Registered for GST ? If Yes, Please provide the following Yes No													
GST Registration Date / /				GST I	Registratio	n Number.							
DETAILS OF PROP	OSER												
Name(s) in full													
Company Registration	on												
Address													
									Tel				
Period of Insurance	Fr	om	1	' /	,	То	/	/	(dd/m	ım∕yy)			
Occupation or Profe	Occupation or Profession or Nature of Business (if more than one please state all):												
Mortgagee or charge	ee or H.P.	Co.											
Situation of risk:													
Particulars of equipment to be insured:													
Make, Model, Type & Number													
Engine No													

Chasis No				
Horse Power	Year of Manufacture		Year of Reconditioned	
Purchase Price (RM)		Sum Insured		

Note: All questions must be answered by the proposer and appropriately marked (\') where applicable (a) Do you with to insure the foundations of the machinery? Yes No If INO, please state the place the machinery/equipment is normally garaged. If No, please state the place the machinery/equipment is normally garaged. (b) Is machinery/equipment garaged in the open? Yes No If YES, are there any security or watchmen engaged to look after the machinery/equipment? Please provide details If NO, are there any security or watchmen engaged to look after the machinery/equipment? Please provide details If NO, are there any security or watchmen engaged to look after the machinery/equipment? Please provide details If NO, are there any security or watchmen engaged to look after the machinery/equipment? Please provide details Construction Agricultural Timber logging Drainage & sewage Timber saw mill others State the purpose for which the machinery/equipment will be used. Construction Agricultural Timber logging Drainage & sewage Timber saw mill others Kesses provide details of hire purchase or leasing agreement? Yes No If VES, please growide details of repair? Yes No Machinery/equipment in a good state of repair? Yes No If OTHERS, please details of hire purchase or leasing agreement? Yes No<	GENI	GENERAL QUESTIONNAIRE									
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9. Do you or does any person who, to your knowledge, will drive suffer from defective vision or hearing or from Yes No	9.			Yes		No					
any physical infirmity?											
If YES, please give names of such persons and give details of such infirmity			s, prease give names of such persons and give details of such minimity								
	<u> </u>										
10. Have you ever made a claim against any insurer(s) in respect of your machinery/equipment or machinery/equipment leased to you or the machinery/equipment the subject matter of this proposal, against Yes No	10.			Yes		No					
fire, theft, accidental damage or other perils, during the last 5 years?						0					
If YES, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?		If YES	S, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?								

GENERAL QUESTIONNAIRE (Continuation)									
11.	Has a	iny insurance company ever							
	a)	declined your proposal	Yes		No				
	b)	refused to renew your policy?	Yes		No				
	c)	cancelled your policy?	Yes		No				
	d)	required an increased rate or imposed special terms on renewal?	Yes		No				
	lf any	answer above is YES, please give details.							
Note									
1.	. No cover is in force if the vehicles, machinery or equipment are being used on the road as defined in the Road Traffic Ordinance 1961 (Singapore) and the Road Traffic Ordinance, 1958 (Federation of Malaya).								
2.	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

IWe 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 <u>www.gbe.com.mv</u>. 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/w e 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/w e 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 Act 2001:

- 1. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
- 2. I have maintained a copy of the 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)	/ /