

# QBE MACHINERY BREAKDOWN 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](http://www.qbe.com.my) e-mail : [info.mal@qbe.com](mailto: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.	<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

Name(s) in full	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Period of Insurance	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)
Trade or Profession or Nature of business:	<input type="text"/>				
	<input type="text"/>				
How long has the business been established?	<input type="text"/>				
Situation to which this insurance applies	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Name of Chief Engineer or Plant Manager	<input type="text"/>				

## GENERAL QUESTIONNAIRE

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

1. Do you wish to insure the foundations of the machinery? If YES, please state the relevant items of the specification.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
2. Does the specification include all machinery covered under machinery breakdown?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If NO, does the machinery to be insured represent ALL the machinery coverable in one plant section?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**GENERAL QUESTIONNAIRE (Continuation)**

3. Do you wish to cover extra charges (in case of loss) for  
a. *express freight, overtime, night work, work on public holidays?*

Yes  No

b. *airfreight?*

Yes  No

Limit of indemnity for airfreight

4. Please provide complete description of the machinery to be insured in the back page.

5. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?  
State type of maintenance and intervals

  
  

6. Please provide details of any special extension of cover required

  
  

7. Has the machinery to be insured previously been covered by other insurance companies against  
machinery breakdown?

Yes  No

*If YES, please name of Company, other details including period of cover*

  

8. Which Insurance company insures these works against

- Fire

- Fire Loss of Profits

9. Has any 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

*If any answer above is YES, please give details.*

## 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](http://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)

