Prime Package 2 Insurance PROPOSAL FORM



QBE Insurance (Malaysia) Berhad Reg. No.: 161086-1

(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

www.qbe.com.my

Cover Note No.:				Agent	Code:						
Important Notice											
NON-CONSUMER INSURANCE CONTRACTS (Where the Insurance is for purposes related to Your trade, business or profession) Pursuant to Schedule 9 of the Financial Services Act 2013, the Insured has a duty to disclose any matter that the Insured knows to be relevant to the Company's 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 contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.											
The Insured also has a duty to tell the Company immediately if at any time, after this Policy contract has been entered into, varied or renewed with the Company, any of the information given for this Policy contract is inaccurate or has changed.											
A. PARTICULAR OF PROPOSER											
1 Name of Prop	oser										
2 Corresponde	nce Address										
				3 Posto	code						
4 Business of proposer											
5 Business Reg No.											
6 Mobile Phone No.			7 Office Tel. No.								
8 Position				9 New IC No./ Passport No.							
10 Email Address	•										
R DARTICII	LARS OF RISE	ODEMISE									
12 Situation of R											
12 Staation of Risks											
					13 Postcode	e					
14 Year Built			15 No of Storeys		16	Total No of Units					
17 Total Blocks			_								
18 Nature of Occ	- T										
	ent/ Condomin		Office Hos	spital	Shopping Mall	School / C	College Hotel				
19 Name of Mortgagee/ Chargee (if applicable)											
20 Fire Fighting Facilities: Portable fire extinguishers			Hose Reels Hydrant								
Wet Riser			Automatic Alar	m		Automatic Sprinkle	r				
Heat/S	moke Detectors		Others please	specify		•					

OFFPR2003-PF-0918 1

В.	B. PARTICULARS OF RISK PREMISE (Continuation)																				
21	21 Anti-Crime Information:																				
		Cen	tral Mo	Monitoring Station CI				Closed Circui	Closed Circuit Television (CCTV)					Alarm							
		Wat	tchmar	man services Motion Sensors							None of the above										
		Oth	ers, ple	ease specify	,																
22 Is the risk located in a flood prone area?															Yes	1		No			
23	23 Was there any history of subsidence or landslip in the risk location?															Yes	;		No		
24	24 Have you made a claim during the past 2 years?														Yes	;		No			
	If yes, please give details:																				
25	Do yo	ou co	nduct s	scheduled n	naintenai	nce?										Yes	;		No		
If yes, please indicate how often is the scheduled maintenance.																					
26	Perio	d of I	nsuran	ice Require	d	From		1	1		То		1		/						
C.	PA	YME	NT IN	STRUCTION	ON																
Pac	kage	Selec	ted			Pla	n 1				Plan	12					Plan	3 - Fle	xi		
Pre	mium	Due	RM							(Inclu	ısive (of RM10.	.00 St	tamp Du	ty)						
Paid	d by:			Cash							Bank Transfer										
										Please transfer the premium to QBE Bank Account:											
										HSBC Bank Malaysia Berhad 2 Lebuh Ampang, 50100 Kuala Lumpur											
										Account Name: QBE Insurance (Malaysia) Berhad											
											Account No.: 301-231361-001 SWIFT Code: HBMBMYKL										
	Credit Card									Kindly email the payment details and contact no. to finance.collection@qbe.com.my											
			(Card holder	's Name																
			(Card Numbe	er										Visa				Master		
				lssuance Ba	nk									Expir	y Date						
				Cardholder' Signature	s										Date						
Not	te: •	Prem	nium is	subject to 6	% Service	Тах															
D.	DEC	CLA	RATIO	ON BY PRO	POSER																
I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form. I/we understand the liability of the Company does not commence until the application has been accepted or policy has been issued.																					
I/we understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I/we allow QBE Insurance (Malaysia) Berhad to collect, use and disclose the personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com.my.																					

OFFPR2003-PF-0918 2

Date: (dd/mm/yy)

/

/

Signature and

company stamp