

QBE Tyre Retail 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

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

1. Name of proposer Biz Reg No.

2. Are you registered for GST? If Yes, Please provide the following Yes No

3. GST Registration Date / / 4. GST Registration Number

5. Correspondence Address

Tel

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

7. Situation of Risk (if different from Correspondence Address)

8. State Mortgagee or Chargee or H.P Co. (if any)

9. When was the business first established? (year)

10. Construction Material:

Wall Brick/Concrete Asbestos Sheet/Wood/Plywood Others (Please Specify)

Roof Tiles Asbestos Sheet/Iron/Zinc Sheets Others (Please Specify)

Floor Concrete Wood/Planks Others (Please Specify)

Entrance & Realdors Hollow/Timber/Plywood Solid Wood Glass Metal Others (Please Specify)

11. Is spray painting carried out the premises intended for insurance? Yes No

12. Please describe the nature and quantity (Litres/gallons/numbers) of hazardous goods/liquids kept at the premises,below, if any.

13. Please describe the particulars of equipment to be insured (continue on a saperate sheet if the below space provided is inadequate) :

Interest to be insured (Description of equipment)	Make, model or type	Year of Manufacture	Year of reconditioned	Sum insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. DETAILS OF PROPOSER (Continuation)

14. Doors are secured by Motice Rim lock Pad locks Bolt Others (Please Specify)

15. State type of locks Open shackle Close shackle

16. Are external doors reinforced with metal grilles or gate? Yes No

If NO, please provide details

17. How are windows protected Metal bars Grilles No protection

18. Do you have an open compound at your premises where customer vehicles are kept overnight? Yes No

If YES, a. is the compound fenced up and locked? Yes No

b. do you employ a night watchman? Yes No

19. Is there a rear refuse chamber? Yes No

If YES, please state if the internal door to the refuse chamber is padlocked.

20. Are you the sole occupier of premises? Yes No

If NO, please give description of other tenant(s)

21. Will the premises be left unoccupied? Yes No

If YES, please state period of time left occupied

22. Is your premises installed with buglar alarm system? Yes No

If YES, a. please state if the alarm regularly tested, serviced and maintained Yes No

b. do you maintain a valid maintenance agreement with the manufacturer, dealer or distributor? Yes No

c. is the alarm linked to any CMS provider of your (proprietor's) mobile phone. Yes No

23. Please complete sum insured for Section 1a,1b and 3, (these are to be insured on a mandatory basis). If you do wish to insure items under Section 1d, 1e, 1f and 2, please complete by filling in the sum to be insured.

24. For Section 8a, cover is granted automatically for 8 unnamed persons. If you wish to insure additional persons, (at an additional premium of RM31.80 per person), please state the additional number of person under your employ that you want insured: additional persons.

23. If you wish to insure yourself or your partners or key personnel under Section 8b please provide details as below, additional premium of RM68.90 per person will be charged for this selection:

	Full Name	IC Number	Date of Birth	Occupation
1.	<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"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. For this Section on Motor Trade, cover is provided for Trade Plate or by assigned drivers. Please complete the details of the designated drivers as below or provide the trade number to be insured: You may select (please tick) the material damage insured value optional as below (premiums stated are for one named driver/trade plate only):

- RM 75,000 (Premium of RM1,081.13) RM 100,000 (Premium of RM 1,291.80)
- RM 150,000 (Premium of RM 1,538.25) RM 250,000 (Premium of RM 2,140.46)

	Full Name of Designated Driver	IC Number	Driving Licence No.	Occupation
1.	<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"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Premium is subject to 6% GST pursuant to GST Act 2014

B. HISTORY

1. 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
2. Have you had any loses 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 provide details

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)

