

QBE FINE ART COLLECTORS AND JEWELLERY



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 THE PROPOSAL

Name	<input type="text"/>			
Address	<input type="text"/>			
<input type="text"/>				
Date of Birth	<input type="text"/>	Occupation	<input type="text"/>	
Nationality	<input type="text"/>	Email	<input type="text"/>	
Phone/Mobile Phone	<input type="text"/>			

TERRITORIAL LIMITS REQUIRED FOR ITEMS INSURED

a. Premises only	<input type="checkbox"/>
<i>If yes, please provide Premise's Address.</i>	
<input type="text"/>	
<input type="text"/>	
b. U.S.A. / Canada only	<input type="checkbox"/>
c. Europe	<input type="checkbox"/>
d. Worldwide	<input type="checkbox"/>

CONSTRUCTION AND USE OF PREMISES

Are the buildings (including outbuildings):

a. built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal wave waters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. a flat or an apartment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes, give the floor

CONSTRUCTION AND USE OF PREMISES (Continuation)

- d. used for any business or professional purposes or open to the public? Yes No
- e. regularly left unattended by day or night? Yes No

If answers to a. or b. are 'No', please give full details.

If answers to c., d. or e. are 'Yes', please give full details.

BUILDING AND DECORATING WORK

You must contact your intermediary before entering into any agreement for any work to be carried out at the premises which address being provided at a. Premises only.

- Do you intend to carry out any work on the premises which address being provided at a. Premises only insured involving outside contractors? Yes No

If 'Yes', please give full details.

ALARM

- a. Give the make of the alarm that is installed at the premises which address being provided at a. Premises only.
- b. Is it (i) Bells only? Yes No
- (ii) Connected to the Police? Yes No
- (iii) Connected to a Central Alarm Station? Yes No
- c. Does it protect all areas containing the insured items? Yes No
- d. Is the alarm under a maintenance contact? Yes No

If 'Yes' to d., please give details of the Alarm Company.

SAFE(S)

- a. Give the make, model and age of the safe.
- b. Is it a (i) Wall Safe? Yes No
- (ii) Freestanding Safe? Yes No
- (iii) Under floor safe? Yes No
- c. Weight and Dimensions

OTHER SECURITY RELATES TO THE PREMISES WHICH ADDRESS BEING PROVIDED AT Q2A

- a. Are all final exit doors of the premises fitted with a 5 level mortice deadlock? Yes No
- If 'No', please give details below.
- b. Are all windows, fanlights and skylights of the premises fitted with key operated locks? Yes No
- If 'No', please give details below.
- c. Is the premises protected by any other means? Yes No
- If 'Yes', please give details below.

INSURED ITEM INSURANCE

All items must be individually listed by you stating for each item the amount for which insurance is sought. This amount must be the proposed market value of such item. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

- | | | |
|---|----|----------------------|
| a. Pictures, paintings, sketches, prints and the like | RM | <input type="text"/> |
| b. Books | RM | <input type="text"/> |
| c. Statutes and sculptures of a non-fragile nature, items of non-precious metals or woods | RM | <input type="text"/> |
| d. Porcelain, pottery, ceramics, glass, jade and other items of a brittle nature | RM | <input type="text"/> |
| e. Antique furniture | RM | <input type="text"/> |
| f. Clocks, watches, barometers, mobiles and other mechanical art | RM | <input type="text"/> |
| g. Gold, silver and other precious metals | RM | <input type="text"/> |
| h. Jewellery | RM | <input type="text"/> |
| i. Furs | RM | <input type="text"/> |
| j. Other items (give details) | RM | <input type="text"/> |

Do the amounts insured represent current market value?

Yes

No

If 'No', please give full details

LOSSES

Have you, or any other person whose property is to be insured, sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?

Yes

No

If 'Yes', please state:

a. Approximate date of each loss or damage

b. Amount paid

c. Circumstances and amount of each loss or damage

d. With whom the property was insured

OTHER INFORMATION

a. Have you or any person resident with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes

No

If 'Yes', please give full details.

b. Are there any other factors affecting this insurance of which you are aware?

Yes

No

If 'Yes', please give full details.

You should keep a record (including copies of any letters) of all information supplied to us for the purpose of entering into this insurance. A copy of your completed proposal form will be available (on request) provided the insurance is effected.

PREMIUM WARRANTY CLAUSE

It is fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by Us within sixty (60) days from the inception date of the Policy/Endorsement/Renewal Certificate. If this condition is not complied with then this Contract is automatically cancelled and We shall be entitled to the pro rata premium for the period We have been on risk. Where the premium payable pursuant to this warranty is received by Our authorised agent, the payment shall be deemed to be received by Us for the purposes of this Warranty and the onus of proving that the premium payable was received by a person, including an agent, who was not authorised to receive such premium shall lie on You. You must read this before signing below.

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 (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)