

Products Recall Application Form



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
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Instructions:

- All questions must be answered.
- If the answer to any question is none or not applicable, state NONE or NOT

APPLICABLE.

- If space is insufficient to answer any question fully, attach a separate sheet.
- Proposal Form must be signed and dated by a senior executive.
- Please provide Products Brochures, Contract Conditions and/or Trading Conditions and Testing and/or Accreditation Certificates.

(PLEASE TYPE OR PRINT)

1. PROPOSER

- a) Full Name of Company proposed to be insured:
- b) Principal address:
- c) Any subsidiaries:
- d) Website address:
- e) Please indicate: Manufacturer Wholesaler
 Retailer Importer
 Exporter Assembler
 Other (Please state):
- f) Please provide number and location of operations:

2. PRODUCTS

- a) Please provide details of your products:
- b) Product function:

2. PRODUCTS (Continuation)

c) Application (where installed):

List the revenue figures for the past 5 years, as well as the estimated revenue for the forthcoming year and indicate the approximate percentage split in revenue per territory. (Indicate currency.)

Year	Revenue	USA/Canada%	Malaysia%	Others%

Is this the total revenue for the whole of the proposed company? Yes No

If not, please explain.

d) Please indicate the approximate percentage of the overall revenue for the forthcoming year by type of Products.

PRODUCT TYPE	USE	REVENUE	% USA/CANADA

e) List any product discontinued or recalled during the last 5 years with a short explanation.

PRODUCT	DATE OF DISCONTINUATION	EXPLANATION

f) Suppliers, Distributors and Vendors of your products.

- i) Do you purchase materials or components from others? Yes No
- ii) Do you import products or component parts? Yes No
- iii) Do you hold them harmless? Yes No
- iv) Do they hold you harmless? Yes No

3. PRODUCT DESIGN

- a) Do you operate a research and development department? Yes No
- b) Do you do your own design work? Yes No
- c) Do you maintain records of design change and reasons? Yes No
- d) Are your designs subject to independent external review, testing or certification? Yes No
- e) Are your products designed, tested, labelled and manufactured:
- i) To meet or exceed all government and industry standards of the territories to which you are supplying? Yes No
- ii) For optimum safety in spite of misuse or abuse? Yes No
- f) Do you manufacture any of your products to the specification of your customer? Yes No
- g) What is the life expectancy of your products?
(Give number of years.) Years

4. BATCH/CONTRACT SIZE

- a) Please detail the monetary value and number of units of your normal production run/batch for products manufactured by own staff. Detail maximum batch/run for products.
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- b) Taking question 4.a) into account, please detail your three largest contracts in the last 24 months.
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- c) Taking question 4.a) into account, please detail your average/normal contract size, especially if you are a 'supplier only'.
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5. FAILURE RATE

What is the failure rate of each product after handover?
(Please state in each case whether this is based on actual experience.)

6. QUALITY CONTROL AND TESTING

- a) Are you accredited with any internationally recognized standards? Yes No
If yes please provide details.
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- b) Are written testing procedures followed? Yes No
- c) Do you have a quality control manager responsible only to top executive/management? Yes No

Clear 3

6. QUALITY CONTROL AND TESTING (Continuation)

d) Supplies and components:

- i) Are they ordered to your specifications? Yes No
- ii) Have you determined which ones are critical to the safety of your final product? Yes No
- iii) Are warranties obtained from all suppliers? Yes No
- iv) What percentage is tested prior to incorporation? Yes No

e) Final products:

i) Briefly describe tests applied before sales:

- ii) What percentage is tested? %
- iii) Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to given products at a given time? Yes No
- iv) How far back do your records go? Years
(Give number of years.)
- v) If your products are manufactured to the specification of your customers do they test the products upon receipt? Yes No
- vi) Do you receive an acceptance sign-off from your customer? Yes No

The answers to questions 7 and 8 are very important.
Great care should be taken in answering these questions. The policy is on a **CLAIMS MADE BASIS** and will therefore apply to claims first made against the assured during the period of the policy.

7. Have any claims been made against you or any predecessor in business in the past ten years? Yes No

If yes, please give provide:

- i) Recall Costs
- ii) Date of Incident(s)
- iii) Cause / Defect
- iv) Remedial Action Taken

8. Other than any details indicated above, are you or any predecessor in business, after enquiry, aware of any circumstances which could give rise to a claim? Yes No

If yes, please give full details including potential amounts involved.

9. a) What plans exist to initiate a recall?

- b) Would it be necessary for your distributors to co-operate onhandling a recall? Yes No
- If yes, have they been briefed? Yes No

10. Have press or other announcements been prepared for retention on file? Yes No

11. a) Please give details of records maintained to trace the location of products.

b) Do the products carry:

- i) Your company name? Yes No
- ii) Your trade mark? Yes No
- iii) A part number? Yes No
- iv) A production batch number? Yes No

c) How long are records kept?

12. What is your estimate of likely cost of a recall?

13. Name(s) and position(s) of personnel within your organization empowered to authorize a recall.

NAME(s)	POSITION / TITLE

14. If any of your products are incorporated into other products, would the other manufacturer(s) initiate a recall? Yes No

15. Please give full information for the last ten years regarding claims paid and outstanding and details of all complaint's which have not yet developed into claims.

16. **INSURANCE REQUESTED:**

Limits desired:

Deductible desired:

Present insurer:

Has any insurer ever cancelled, restricted or refused to renew your liability insurance? Yes No

If yes, please explain.

Proposed effective date for this insurance:

Territories to be covered:

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/yyyy)

and company stamp

Please attach the following documents:

Contract conditions and/or trading conditions normally used, any 'hold harmless' or waiver of rights of recourse agreement, and brochures illustrating the various products.