QBE EMPLOYERS LIABILITY Insurance PROPOSAL

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

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.	**Intermediary No.**
Intermediary Contact Number	**Intermediary Name**

A.   DETAILS OF PROPOSER

1. **Name of proposer / Employer**
2. **Address of Employer**

   Tel
3. **Business Registration No./NRIC No.**
4. **Trade or Profession or Nature of Business**
5. **Situation to which this insurance applies**

6. **Period of Insurance:**   **From**   **To**   **(dd/mm/yyyy)**

B.   GENERAL QUESTIONNAIRE

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

Estimated Wages Salaries & Other Earnings

1. Description of employees' occupation	No. of workmen	Wages & salaries	Living or other allowances	Total earnings
a.				
b.				
c.				
d.				
e.				

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B. GENERAL QUESTIONNAIRE (Continuation)

2. Do you wish to insure your liability to the workmen of sub-contractors? ☐ Yes ☐ No
   If YES, please state sub-contractor(s) name(s)

3. Does the above Schedule include all persons in your employ? ☐ Yes ☐ No
   If NO, please state reasons:

4. Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises? ☐ Yes ☐ No
   If YES, please name such Laws and Regulations

   (a) Have you carried out all the obligations imposed on you by such Laws and Regulations? ☐ Yes ☐ No

5. Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises? ☐ Yes ☐ No
   If YES, please state how they are secured and protected

   (a) Have you any boilers? ☐ Yes ☐ No
       If YES, please give particulars

   (b) Are your walkways, works and plant properly marked, fenced and guarded and otherwise in good order and condition? ☐ Yes ☐ No
       If NO, please describe

6. Are acids, gases, chemicals, explosives or other dangerous substances used? ☐ Yes ☐ No
   If YES, please state name of substance(s) and state the extent of use

7. Do you handle or use radio isotopes, radioactive substance or other sources of ionizing radiations? ☐ Yes ☐ No
   If YES, please describe in full and state the extent of use

   (a) Do you manufacture, dress handle or use asbestos or material containing silica? ☐ Yes ☐ No
       If YES, please describe and state the extent of use

   (b) Have you a foundry? ☐ Yes ☐ No

8. Are you at present insured or have you ever proposed for insurance in respect of your liability to your employees? ☐ Yes ☐ No
   If YES, please give the name of the insurer and relevant particulars.

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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.

10. Pleased complete the following schedule relating to accidents to your employees and diseases incidental to their occupations during the past 3 years.

Year	Total wages expended	Fatal		Temporary Disablement only		Permanent Disablement	
		No	Compensation paid to date	No	Compensation paid to date	No	Compensation paid to date
Claims still Unsettled	Year of Accident	No	Estimated further cost	No	Estimated further cost	No	Estimated further cost

C. DECLARATION BY PROPOSER

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 understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
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.

Signature of applicant

Date: (dd/mm/yyyy)

and Company Stamp

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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/yyyy)

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