

B. GENERAL QUESTIONNAIRE (Continuation)

2. Do you wish to insure your liability under the Workmen's Compensation Laws to the workmen of sub-contractors? (i.e. of "contractors" as defined in the Workmen Compensation Laws, see notes overleaf) YES NO

If YES, please state

Name of Contractors	Nature of work	Total sub-contract value (RM)	Total wages of sub-contractor's employees (RM)

3. Total amount of the wages salaries and other earnings paid by me/us to the above employees during the past twelve months. RM

4. Please state whether employees are provided with :-

- (a) free living quarters YES NO
- (b) free food YES NO
- (c) free education for children YES NO
- (d) free nursing, milk and rice for children YES NO
- (e) any other free benefit YES NO

If so, please state their nature and estimated value below:-

5. Does the foregoing Schedule include :

- (a) All persons in your services? YES NO
- (b) All your sub-contractors? YES NO
6. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? YES NO

If YES, please give full particulars and description below:

- (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? YES NO

If NO, please give full particulars below:

- (c) Do you have boilers in your premises? YES NO

If YES, please give details below:

- (d) Is your machinery and boiler certificated under the Machinery Enactment or Ordinance Certification? YES NO

If NO, please stated what conditions it is exempted from such registration

7. Are explosives used in your business? YES NO

If YES, please state

- (a) Description of explosive used
- (b) Method of firing
- (c) To what extent they are used
- (d) Where they are stored

B. GENERAL QUESTIONNAIRE (Continuation)

8. In respect of your liability to your employees :

- (a) Are you at present insured? YES NO
- (b) Have you ever proposed for Workmen's Compensation insurance? YES NO

If YES, please give the name(s) of insurer(s) & policy no(s)

9. Has any proposal for an Insurance in respect of your liability to your employees or renewal thereof ever

- (a) Been declined? YES NO
- (b) Been withdrawn? YES NO
- (c) Required special terms to insure you? YES NO

If YES, please give the name(s) of insurer(s) and state reasons

10. Are Acids, Gases and Chemicals used?

If YES, please describe the type used and to what extent are they used

11. Please 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 & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I 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 allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my 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.

This application and declaration hereby given shall be the basis of the contract with the Company and I will accept the terms, exclusions and conditions which will be set out in the policy to be issued.

The liability of the Company does not commence until the application has been accepted.

Proposer's signature &
Company stamp

Date: (dd/mm/yy)

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)