

QBE WORKMEN'S COMPENSATION Insurance PROPOSAL



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

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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SST Reg No: B16-1808-31042744
www.qbe.com/my

IMPORTANT NOTICE

1. Pursuant to Schedule 9 of the Financial Services Act 2013:

If you are applying for this Insurance for purposes related to your trade, business or profession (Non-consumer Insurance Contract), 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.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

2. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions of any part of the Contract, is hereby agreed that the English version of the Contract shall prevail.

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

1.	Description of employees' occupation	Estimated no. of employees	Estimated wages salaries and other earnings to be paid in cash during the above period (RM)	Living or other Allowances (RM)	Total Earnings (RM)	For Office Use Only		
						Rate Per Cent	Premium (RM)	Classification Codes

Note: Premium is subject to 6% Service Tax

Clear 1

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

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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/yyyy)

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)