

QBE Pleasure Craft Insurance Proposal Form



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"/>	

SECTION A - OWNER

Name of Owner	<input type="text"/>	NRIC/Passport No.	<input type="text"/>	Nationality	<input type="text"/>
Postal Address	<input type="text"/>				
	<input type="text"/>				
Telephone No.	<input type="text"/>	E-mail	<input type="text"/>	Occupation	<input type="text"/>

SECTION B - HULL & MOTOR

Hull Details

Boat Name	<input type="text"/>	Registration No.	<input type="text"/>	Country of Registration	<input type="text"/>
Make & Model	<input type="text"/>	Year Built	<input type="text"/>	Passenger/Crew Capacity	<input type="text"/>
Type of Boat	<input type="text"/>	Date Purchased	<input type="text"/>	Purchase Price	<input type="text"/>
Other Features	<input type="checkbox"/> Non-Production Boat	<input type="checkbox"/> Mono	<input type="checkbox"/> Catamaran	<input type="checkbox"/> Trimaran	<input type="checkbox"/> Houseboat
Construction	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Glass-Reinforced Plastic (GRP)	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood
	<input type="checkbox"/> Others (please specify)	<input type="text"/>			
Dimension (ft/m)	Length <input type="text"/>	Beam <input type="text"/>	Draft <input type="text"/>	Fire Extinguishing	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> None
	GRT <input type="text"/>				

Motor Details

Make	<input type="text"/>	Power (hp/kw)	<input type="text"/>	Max Designed Speed (knots)	<input type="text"/>	Fuel	<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline
Propulsion	<input type="checkbox"/> Non-powered	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail-powered	<input type="checkbox"/> Jet		
	<input type="checkbox"/> Others (please specify)	<input type="text"/>					

SECTION C - NAVIGATION AREA

Where is vessel normally moored?

How is vessel normally moored? Jetty at a private residence Marina Berth Marina Stack or Slip Trailer at commercial premise Trailer at private residence

Other (please specify)

What is vessel's main navigation area?

SECTION D - USE OF BOAT / SKIPPER

Purpose Private & Pleasure Live aboard Commercial Use (for reward but no charter agreement) Skippered Charter Bareboat Charter

If vessel is used for commercial use/skippered charter/bareboat charter, please describe usage:

Please give the following details of person(s) who will operate (e.g. skipper, crew etc) the vessel while it is underway:

Full Name	Age	Years Sailing	Licence / Qualifications / Completed Sailing/Boating courses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION E - OTHER INFORMATION

Have you, or any other person or entity who will take charge of the vessel or who has a financial interest in the vessel:

a) Suffered any accidents or losses in the last 5 years? (If Yes, please give details below) Yes No

Date of Accident(s)	Description of Accident(s)	Claims Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Been charged / convicted of an offence in the last 5 years? (If Yes, please give details below) Yes No

c) Ever had any insurances refused or cancelled? (If Yes, please give details below) Yes No

d) Period of Insurance required From: / / To: / / (Both Dates inclusive)

e) Any other party (e.g. co-owner / mortgagee / other management company) to be included under the Assured Clause? (If Yes, please give details below) Yes No

SECTION F - INSURANCE COVERAGE

1. Sums Insured - Please state the required sums insured in the relevant space: Malaysia Ringgit (MYR)

SECTION 1

Cover For Your Boat

Total Sum Insured:

If you wish you may split the sum insured by component:

i) Hull

ii) Motor(s)

iii) Mast Spars Rigging Sails

iv) Tender with Outboard Motor (please provide details, if any)

v) Trailer

SECTION 2

Legal Liability Cover Up to Hull Value

Please specify if higher limit is required

SECTION F - INSURANCE COVERAGE (Continuation)

SECTION 3



Personal Accident Cover

Free cover for you or one person allow by you to control your boat (please specify the name of the one (1) person in the space below) up to MYR10,000 per person up to an aggregate limit of MYR10,000 any one accident.

Name of Insured Person:



Please specify if higher limits is required:
(subject to additional premium)

Limit any one person /

Aggregate Limit



Personal Accident Plus
(Optional at additional premium)

Please specify limits required:

Limit any one person

Aggregate Limit

SECTION 4



Personal Effects Cover

Free cover of MYR300 for any one item up to maximum of MYR3,000 in total any one accident.



Please specify if higher limits is required:
(subject to additional premium)

Limit for any one item

Aggregate Limit

* Please provide list of all personal effects in value if cover over MYR500 for any one item is required.



Additional Cover For Sporting Equipment
(Optional at additional premium)

MYR1,000 for any one item up to maximum of MYR10,000 in total any one accident.



Please specify limits required:

Limit for any one item

Aggregate Limit

* Please provide list of all sporting equipment in value if cover over MYR1,000 for any one item is required.

2. Additional Covers - Do you require cover to include:



Sailboat Club Racing Risk Extension



Named Sailboat Racing Risk Extension

Name of Race / Location	Length (NM) any one leg

Name of Race / Location	Length (NM) any one leg



Water Skiers and/or Aquaplaning Liability Extension

Sub-Limit:



Land Transit Damage Extension



War Risks and Strikes Risks Extension



Any other additional cover require, please specify in the space 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)