

# QBE GROUP PERSONAL ACCIDENT 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

### NON-CONSUMER INSURANCE CONTRACTS (Where the Insurance is for purposes related to Your trade, business or profession)

Pursuant to Schedule 9 of the Financial Services Act 2013, the Insured has a duty to disclose any matter that the Insured knows to be relevant to the Company's 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 contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.

The Insured also has a duty to tell the Company immediately if at any time, after this Policy contract has been entered into, varied or renewed with the Company, any of the information given for this Policy contract is inaccurate or has changed.

- Please fill up individual proposal form for each insured person.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Company name	<input type="text"/>		
Company address	<input type="text"/>		
	<input type="text"/>	Tel	<input type="text"/>
Account No.	<input type="text"/>	Ref. No:	<input type="text"/>

## A. DETAILS OF APPLICANT (IF DIFFERENT FROM THE INSURED PERSON)

Name of proposer	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Nature of Business	<input type="text"/>			
	<input type="text"/>	Tel. Numbers	<input type="text"/>	
Period of Insurance (dd/mm/yy)	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>

**B. GENERAL INFORMATION (PLEASE TICK (✓) "YES" OR "NO" )**

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

1. Is your group/organisation at present insured against Personal Accident?  Yes  No

If YES, please state the insurer, type of policy & sum insured.

  


2. Has any of your employees' ever sustained serious bodily injury by accident?  Yes  No

If YES, please give names of persons, details & particulars.

  


3. Are any of your employees' hearing or sight impaired or does any employee, suffer from any physical defects or infirmity?  Yes  No

If YES, please give names of persons, details & particulars of physical defects/infirmity.

  


4. During the last 5 years has any of your employees suffered from serious illness or received surgical treatment or were hospitalised?  Yes  No

If YES, please give names of persons, details & particulars.

  


5. Please provide details of Insured Persons, Benefits, Amounts Insured & Amounts of Medical Expenses to be insured. (If space is inadequate use a separate sheet).

Category/ Positions	Name of Insured Persons	Death	Permanent Disablement	Temporary Disablement	Medical Expenses	If other Benefits required, please indicate below (also see Question 7)

6. Are all insured persons to be covered 24 hours per day, 365 days per year?  Yes  No

If NO, please provide details for each category of Insured Persons (If space is inadequate use a separate sheet).

  


7. Do you require the following extensions?

Motor cycling (riding or pillion)  Yes  No

Martial Arts or Self-defence  Yes  No

Riot, strike and civil commotion  Yes  No

Hunting  Yes  No

Football  Yes  No

Hockey  Yes  No

Rugby  Yes  No

} Playing professionally or at National or State levels will not be insured under this extension

NB. The above are excluded unless extended.

8. Do you or any subsidiary or company own or lease an aircraft?  Yes  No

If YES, please describe aircraft:

Make:  Model:  No. of passengers:  No. of crew seats:

**B. GENERAL INFORMATION (PLEASE TICK (✓) "YES" OR "NO" ) (Continuation)**

9. Give details of journeys involving flight likely to be undertaken in a year?

	Scheduled Airline	* Charter Aircraft	* Charter Helicopter
a. Within Malaysia (No.)			
Average duration:			
b. Overseas (No.)			
Average duration:			

(\* Travel on aircrafts or helicopters not licensed by Authorities to carry passengers are excluded under this policy)

10. Is there a company rule limiting the number of employees who may travel together?

Yes

No

If YES please give details.

11. What is the maximum number normally traveling together?

12. Describe any travel where 5 or more employees were in one conveyance in the past 3 years.

13. Have you ever made any claim in respect of death, accidental bodily injury or sickness against any insurer?

Yes

No

If YES, please give details (eg. Dates of losses, circumstances, amount claimed, names of persons).

14. Details of previous insurer :

15. Has any insurer in respect of life or accidental or sickness insurance ever

(a) Decline to insure you?

Yes

No

(b) Require special terms to insure you?

Yes

No

(c) Refuse to renew your insurance?

Yes

No

(d) Increased your premium on renewal?

Yes

No

If any answer above is YES, please give particulars and reasons.

**Note:**

Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

**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](http://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.

Signature of Applicant

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)  /  /

**E. PAYMENT INSTRUCTION**

Premium Due  (Inclusive of RM10.00 Stamp Duty)

Paid by:  Cash  Bank Transfer

Please transfer the premium to QBE Bank Account:  
HSBC Bank Malaysia Berhad  
2 Lebuah Ampang, 50100 Kuala Lumpur  
Account Name: QBE Insurance (Malaysia) Berhad  
Account No.: 301-231361-001 SWIFT Code: HBMBMYKL  
Kindly email the payment details and contact no. to [finance.collection@qbe.com.my](mailto:finance.collection@qbe.com.my)

Credit Card

Card holder's Name

Card Number  Visa  Master

Issuance Bank  Expiry Date

Cardholder's Signature  Date

Note: • Premium is subject to 6% Service Tax

## F. SCALE OF BENEFITS

	Percentage of Capital Sum Insured Payable	
1. Death - 100% of the Capital Sum Insured		
2. PERMANENT DISABLEMENT per following scale:-		
2.1 Loss of both hands	100%	
2.2 Loss of both feet	100%	
2.3 Complete and irrecoverable loss of sight in both eyes	100%	
2.4 Loss of one hand and one foot	100%	
2.5 Complete and incurable insanity	100%	
2.6 Injuries resulting in permanently being bedridden	100%	
2.7 Any other injuries causing permanent total disablement	100%	
2.8 Complete and incurable paralysis	100%	
2.9 Loss of arm at shoulder	100%	
2.10 Loss of arm between shoulder and elbow	100%	
2.11 Loss of arm at elbow	100%	
2.12 Loss of arm between elbow and wrist	100%	
2.13 Loss of hand at wrist	100%	
2.14 Loss of leg at hip	100%	
2.15 Loss of leg between knee and hip	100%	
2.16 Loss of leg below knee	100%	
2.17 Loss of eye - whole	100%	
2.18 Loss of eye - sight of	100%	
2.19 Complete and irrecoverable loss or sight in one eye except perception of light	50%	
2.20 Loss of lens of eye	50%	
2.21 Loss of four fingers and thumb of one hand	50%	
2.22 Loss of four fingers	40%	
2.23 Loss of thumb	25%	
	- both phalanges	10%
	- one phalanx	10%
2.24 Loss of index finger	- three phalanges	10%
	- two phalanges	8%
	- one phalanx	4%
2.25 Loss of middle finger	- three phalanges	6%
	- two phalanges	4%
	- one phalanx	2%
2.26 Loss of ring finger	- three phalanges	5%
	- two phalanges	4%
	- one phalanx	2%
2.27 Loss of little finger	- three phalanges	4%
	- two phalanges	3%
	- one phalanx	2%
2.28 Loss of metacarpals	- first or second (additional)	3%
	- third, fourth or fifth (additional)	2%
2.29 Loss of toes	- all	15%
	- great, both phalanges	5%
	- great, one phalanx	2%
	- other than great, if more than one toe each	1%
2.30 Loss of hearing	- both ears	75%
	- one ear	15%
2.31 Total Loss of speech		50%

The complete and irrecoverable loss of use of any member or members specified above shall be deemed to be loss of such member or members.

In the event of partial loss of any member or members specified above proportionately lower percentage of compensation shall be payable.

In the event of Permanent Disablement by physical loss or loss of use not specified above the percentage of compensation shall be assessed in proportion to the degree of disability as compared with the cases specified without reference to the profession or occupation of the Insured person.

When more than one infirmity arises from one accident the percentages are added together but cannot exceed 100% of the Permanent Disablement Sum Insured for each Insured Person.

In the event of total of 100% having being paid to an Insured Person, all insurance hereunder shall immediately cease to be in force for that Insured Person.

## **F. SCALE OF BENEFITS (Continuation)**

3. **TEMPORARY TOTAL DISABLEMENT /** - Weekly Compensation in the event of Temporary Total Disablement from engaging in, or giving attention to profession or occupation.
4. **TEMPORARY PARTIAL DISABLEMENT /** - Weekly Compensation at the rate of one half the compensation payable in respect of Temporary Total Disablement.

### **CLASSIFICATION OF OCCUPATIONS**

#### **Class 1:**

Professions and occupations involving indoor work mainly of a sedentary (requiring much sitting) nature such as accountants, administrators, architects, auditors, bankers, clergymen, clerks, dentists, indoor sales representatives, lawyers, medical practitioners, secretaries, stockbrokers, surgeons (not veterinary), teachers.

#### **Class 2:**

Professions and occupations involving outdoor or site work or occasional manual work only when supervising workmen, such as builders (supervising), civil engineers, commercial travellers, decorators (supervising), personal chauffeurs, foreman, grocers, hairdressers, pharmacists, plumbers (supervising), outdoor salesmen, surveyors, tailors.

#### **Class 3:**

Professions and occupations involving manual work without machinery such as bakers, builders (not using woodworking machinery), butchers, carpenters (not using woodworking machinery), electrical engineers, farmers, fishmongers, motor or mechanical engineers, painters, plumbers, veterinary surgeons.

For professions and occupations other than the above classes, please refer to the Company.

### **SOME OF THE EXCLUDED OCCUPATIONS**

Military & Law Enforcement Officers, Pilots, Seamen, Sawyers & Timber Logging Workers and other occupations of similar hazards. Commercial Drivers, persons engaged in hazardous sports and those domiciled outside Malaysia.