

QBE Lawyer's Office Insurance PROPOSAL



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

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
telephone +603 7861 8400 • facsimile +603 7873 7430
www.qbe.com.my

Cover Note No.

Policy No.

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.

A. DETAILS OF PROPOSER

1. Name of proposer Biz Reg No.

2. Correspondence Address

Tel

3. Period of Insurance From / / to / / (dd/mm/yy)

4. Situation of Risk (if different from Correspondence Address)

5. Construction material of office premises/building - if the premises you occupy is not constructed of brick/concrete wall and floor, and tiled roof, please state the material used below.

6. Please complete sum insured for Section 1a & 3a as these are mandatory covers. You may choose to also insure under Section 1b,1c & 2 which are optional. If you do not wish to insure these, no amounts need to be entered.

7. For Section 8a, please provide details up to three staff members to be insured as below. If you wish to insure additional staff, please provide similar details on a separate sheet.

	Full Name	IC Number	Date of Birth	Occupation
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If you wish to insure partners or key personnel under Section 8b please provide details as below:

	Full Name	IC Number	Date of Birth	Occupation
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. HISTORY

1. Has any insurer, in respect of any of the insurance to which this proposal applies, ever decline to insure you, or required special terms to insure you, or refuse to renew your insurance, or increased your premium on renewal? Yes No
2. Have you had any loses and/or claims, in respect of any of the insurance to which this proposal applies in the past 3 years (whether insured or not)? Yes No

If YES, please provide details

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/we 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

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

- I/WE hereby certify that I have verified and authenticated the Proposer's NRIC/ Business Registration Certificate at the point of sales.
- 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)

**QBE LAWYER's OFFICE Insurance Package
PLANS Available**

ez Plan Plan A Plan B Plan C
Sum Insured Sum Insured Sum Insured Sum Insured

Item Interest Insured

Section 1 Fire & Perils

- a. Office equipment & FFF, reno
- b. Building
- c. Rent

Section 2 Business Interruption

- a. On Annual Revenue

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Section 3 Special Contingency

- a. Office & Computer equipment
- b. Library books, journals
- c. Legal documents
- Max SI per event

50,000	150,000	300,000	500,000
150	150	150	150
1,500	1,500	1,500	1,500

Section 4 Money

- a. Money in Transit
- b. Money in Premises
- c. Money in locked Drawers/Cabinets
- d. Resultant damage to safe/cabinets/Premises

7,500	25,000	25,000	25,000
7,500	10,000	10,000	10,000
1,000	1,000	1,000	1,000
2,500	5,000	5,000	5,000

Section 5 Fidelity Guarantee

- Limit of liability anyone event/period

30,000	30,000	30,000	30,000
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Section 6 Plate Glass

5,000	10,000	20,000	30,000
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Section 7 Public Liability

- a. Limit of liability anyone event
- b. Limit anyone policy period

100,000	250,000	500,000	750,000
unlimited	unlimited	unlimited	unlimited

Section 8 Group PA - for staff (a)

- i. Accidental Death
- ii. Permanent Total Disability
- iii. Medical Expenses

100,000	100,000	100,000	100,000
100,000	100,000	100,000	100,000
1,000	1,000	1,000	1,000

Special Cover - partner (b)

- i. Accidental Death
- ii. Permanent Total Disability
- iii. Medical Expenses

250,000	250,000	250,000	250,000
250,000	250,000	250,000	250,000
2,500	2,500	2,500	2,500

PREMIUM without Section 1, 2, 3a & 8b

790.00	1,770.00	2,870.00	4,280.00
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Total Premium with Stamp Duty

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Note:
Premium is subject to 6% Service Tax