

QBE RETAIL 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,
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GST Reg No.: 002077360128

www.qbe.com.my e-mail : info.mal@qbe.com

Cover Note No.

Account No.

Policy No.

IMPORTANT NOTICES

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.

A. DETAILS OF PROPOSER

1. Name of proposer

2. Correspondence Address

Tel

3. Business Registration No./NRIC No.

4. Are you Registered for GST ? If Yes, Please provide the following Yes No

5. GST Registration Date / /

6. GST Registration Number

7. Trade or Profession or Nature of business

8. Period of Insurance

From

/

/

to

/

/

(dd/mm/yy)

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

B. GENERAL QUESTIONNAIRE

i. FIRE

1. Interests to be insured:

Building

Stock

Machinery

Fixtures & Fittings

Others (please specify)

TOTAL

Sum Insured (RM)

2. Construction material:

Wall

Brick/Concrete

Asbestos Sheet/Wood/Plywood

Others (please specify)

Roof

Tiles

Asbestos Sheet/Iron/Zinc Sheets

Others (please specify)

Floor

Concrete

Wood/Planks

Others (please specify)

B. GENERAL QUESTIONNAIRE (Continuation)

i. FIRE (Continuation)

3. Number of storey(s) 4. Is the building detached from other buildings? Yes No
5. Year of Construction 6. Do you occupy the entire building? Yes No

If you have answered "NO" to Q6, state the occupation(s) of smanyection(s) not occupied by you

7. How many fire extinguishers do you own which are in good & working condition?

8. Distance of nearest Fire Station km

9. Please choose the perils required:

- | | |
|---|---|
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Earthquake & Volcanic Eruption |
| <input type="checkbox"/> Riot Strike and Malicious Damage | <input type="checkbox"/> Storm & Tempest |
| <input type="checkbox"/> Impact Damage - excluding own vehicles | <input type="checkbox"/> Spontaneous Combustion (Applicable to Stocks only) |
| <input type="checkbox"/> Impact Damage - including own vehicles | <input type="checkbox"/> Explosion - without boilers |
| <input type="checkbox"/> Water Damage due to bursting or overflowing of water tank, apparatus and pipes | <input type="checkbox"/> Subsidence and landslip |
| <input type="checkbox"/> Explosion - with boilers | <input type="checkbox"/> Others (Please specify) <input type="text"/> |

ii. FIRE BUSINESS INTERRUPTION

1. Number of year in business years 2. Maximum indemnity Period months

iii. SPECIAL CONTINGENCY (for immovable fixtures, fitting, machinery & equipment)

1. Interests to be insured:	Sum Insured (RM)
Equipment/Machinery	<input type="text"/>
Fixtures & Fittings	<input type="text"/>
TOTAL	<input type="text"/>

2. Please choose the perils required:

- | | |
|---|---|
| <input type="checkbox"/> Earthquake & Volcanic Eruption | <input type="checkbox"/> Malicious Damage |
| <input type="checkbox"/> Storm & Tempest | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Subsidence and lanslip | <input type="checkbox"/> Others (Please specify) <input type="text"/> |

iv. BURGLARY

1. Security features

- (a) Type of doors (entrance & rear) Metal Glass Others (please specify)
- Solid Wood Hollowcore/Timber/Plywood
- (b) Door secured by Motice Bolts Open Shackled Others (Please specify)
- Rimlock Padlocks Closed Shackled
- Iron bars Iron grilles Metal/Aluminium claddings
- (c) Windows protection Iron bars Iron grilles
- (d) Security guards 24 hours Day only Night only None

2. Is there any airway in the premises? Yes No

3. Is your premises installed with burglar alarm system? Yes No

If "YES", please state the name of manufacturer and brand of alarm

v. MONEY (cover is granted during journey between Insured's premises and Insured's Bank)

1. No. of employees engaged in carrying Money any one time?

Are they armed? Yes No

2. Trips (carryings of money) per day or per week

3. Is Money kept in a Safe? Yes No

If "YES" please state Brand of Safe

B. GENERAL QUESTIONNAIRE (Continuation)**vi. PLATE GLASS**

1. Describe the shutters, if any, used to protect glass
2. Type and position of Glass to be insured

vii. PUBLIC LIABILITY

1. Estimated Annual Turnover 2. Number of Employees

viii. EMPLOYER'S LIABILITY

1. Description of employee's occupation

Estimated Wages Salaries & Other Earnings

Employee's occupation	No. of workmen	Wages & salaries	Living or other allowances	Total earnings
a.				
b.				
c.				

2. Does the above Schedule include all persons in your employ Yes No
If "NO", please state reasons

ix. GROUP PERSONAL ACCIDENT

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 your employees' ever sustained serious bodily injury by accident? Yes No
If "YES", please give names of persons, details & particulars of accident and injuries

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 impairment

Please provide list of Insured Persons below

NAME	IC or Passport No. & age	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. CLAIMS HISTORY

1. Has any insurer, in respect of any of the insurance to which this proposal applies, 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

2. Have you had any losses and/or claims in the past 3 years (whether insured or not), had the events giving rise to the lossess and/or claims occurred during the period of this insurance, would be covered under this proposed insurance. Yes No

If "YES", please give particulars

D. 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

E. 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)

 / /

F. COVER REQUIRED

Please choose the cover(s) & plan required: (* Sum Insured to be determined by You)

Covers	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
(i) Fire (<i>compulsory</i>)*	<input checked="" type="checkbox"/>		
(ii) Fire Business Interruption - Nett Takings *	<input type="checkbox"/>		
(iii) Special Contingency *	<input type="checkbox"/>		
(iv) Burglary	<input type="checkbox"/> 20,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
(v) Money	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
(vi) Plate Glass	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000
(vii) Public Liability (select only one Insured Value for each plan)	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,000,000
	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 2,000,000
		<input type="checkbox"/> 3,000,000	<input type="checkbox"/> 3,000,000
		<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 5,000,000
(viii) Employer's Liability	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000
(ix) Group Personal Accident - Death & PD	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000	<input type="checkbox"/> 20,000
Group Personal Accident - Medical Expenses	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 500