

QBE ELECTRONIC EQUIPMENT Insurance PROPOSAL



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"/>		

DETAILS OF PROPOSER

1. Name(s) in full	<input type="text"/>								
2. Address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>	Tel	<input type="text"/>						
3. Type of business	<input type="text"/>								
4. Location of equipment to be insured (address of building, storey)	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
5. Structure of building	<input type="checkbox"/>	Steel skeleton	<input type="checkbox"/>	Brickwork	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Wood	<input type="text"/>
6. Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
If so, which items of the specification and by which companies?	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
7. State when the insurance is to commence	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)	time	<input type="text"/>				

Note: Period of the insurance to expire at is to commence at the same date and time next year.

DETAILS OF PROPOSER (Continuation)

8. Is all the equipment to be insured new?

Yes

No

If not, which items of the specification are second-hand?

What equipment can still be obtained ex works. Please state items of the specification.

9. Is the equipment maintained in accordance with the manufacturers instructions?

Yes

No

10. Have operators been trained with the manufacturer?

Yes

No

11. Is there a risk of flood and inundation?

Yes

No

If so by

bodies of water

Brickwork

torrential rainfall

sewer backflow

others

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 Act 2001 (AMTFA):

1. I/We hereby certify that one or more of the following original documents was verified and authenticated by me/us at the point of sales.
2. I/We have attached together with this proposal form a copy of the document(s) above of the applicant of individual policies or group Insurance policies where premium is more than RM50,000.00 or RM100,000.00 respectively.

Name NRIC No

Signature & Company Stamp: Date: (dd/mm/yy) / /

ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS

1. Name and address of proposer

Tel

2. Type of business

3. If the system is rented, please state monthly rent

4. Name and address of manufacturer and/or lessor:

Tel

5. What are the provisions of your lease contract regarding your liability in the case of damage to the EDP System? Please furnish copy of lease contract if available.

6. Housing of the EDP system

Central unit: basement Ground floor floor

Peripheral unit: basement Ground floor floor

Fire-resistant walls and ceilings Fire-resistant wall and ceiling openings (doors)

Smoke and heat venting systems Smoke-proof and fire-resistant sealing of cable shafts

Heat detectors Smoke detectors Optical detectors Push button fire alarms

Fire alarm by telephone Supervision by guards Others

Portable fire extinguishers filled with: CO₂ Halon Powder Water

Wall hydrants with connected: Hose Steel pipe

Sprinklers CO₂ flooding system Halon flooding system

Others (please describe below)

7. Total value of plant located on: Basement floor on ground floor

floor floor

In accordance with the manufacturer's recommendations or instructions? Yes No

If not, specify deviations from instructions:

ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS (Continuation)

8. Supply lines in the EDP rooms? Yes No
 If so, specify Central heating lines Steam lines Water lines Gas lines

9. Supply lines in the rooms above the EDP rooms? Yes No
 If so, is the ceiling waterproof? Yes No

10. Vibrations of building? Yes No
 If so, due to: road traffic nearby railway lines blasting
 other causes

11. Possibility of explosions within 30m of the EDP systems? Yes No
 If so, specify Heating fuel tank Paint shop Filling station Welding shop
 Storage of highly inflammable materials Other

12. For EDP systems located in inundated prone areas

12.1 Has the building already been inundated? Yes No
 If so, how often? Period of observation years

12.2 Has the EDP system already been affected by inundations? Yes No
 If so, how often? Period of observation years

12.3 Maximum claims amount

12.4 Please state the return periods of the events that led to damage to the EDP system:
 5 years 10 years 20 years 50 years 75 years > 75 years

12.5 Has the building already been inundated? Yes No
 If so, please state distance between normal (highest registered) level of watercourse and level of basement m

12.6 Watercourse is regulated by dam dike others

12.7 Have any dam or dike breaches occurred in the past? Yes No
 If so, how often? Period of observation

12.8 Is there a flood/hurricane tide warning service? Yes No
 Possible safety measures

13. For EDP systems located in earthquake-prone area

13.1 Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks? Yes No
 If so, how often? Period of observation

13.2 Type of damage: cracks partial collapse total collapse

13.3 Has the EDP system already been affected by earthquakes? Yes No
 If so, how often? Period of observation

SPECIFICATION OF REFRIGERATING PLANT

Item No.	Description of Items: Description of items 1 Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. In the case of outdoor lines, indicate length and method of laying.	Year of Manufacture	Remarks Give particulars of any part of the equipment to be Insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment, state means and frequency of transport, areas of operation and distance. Please state if picture or admitter tubes are built in.	A ² B ³	Replacement Value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material.
<p>1 For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be</p> <p>2 In the case of bought equipment, mark "A".</p> <p>3 In the case of hired equipment, mark "B".</p>				Total	