

QBE FINE ART 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"/>		

1. PROPOSER (Mr/Mrs/Miss)

Surname First names	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
<input type="text"/>	<input type="text"/>			
<input type="text"/>	Postcode	<input type="text"/>		
Age of proposer	<input type="text"/>	Occupation of proposer	<input type="text"/>	
Nationality of proposer	<input type="text"/>			

2. LOCATION OF ITEMS TO BE INSURED Address (if different to the above)

Address	<input type="text"/>			
<input type="text"/>	<input type="text"/>			
<input type="text"/>	Post Code	<input type="text"/>		

If you wish to include transits (for additional premium) please tick the appropriate:

<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Worldwide
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3. INFORMATION ABOUT THE TRANSITS

Please provide information about transits (packer/shipper, is it a specialised fine art packer/shipper, security measures, is there an itinerary, how long each location etc.):

If the address and information about new sites are available Please provide:

4. CONSTRUCTION AND USE Are the buildings (including outbuildings):

(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?

Yes

No

If No, give details:

(b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?

Yes

No

If No, give details:

(c) a flat or an apartment?

Yes

No

If Yes, give the floor:

(d) used for any business or professional purposes open to the public?

Yes

No

If Yes, give details:

(e) regularly left unattended by day or night?

Yes

No

If Yes, give details:

5. BUILDING AND DECORATING WORK

You must contact your broker before entering into any agreement for any work to be carried out at the premises.

Do you intend to carry out any work on the premises insured involving outside contractors?

Yes

No

If Yes, please give details:

6. ALARM

(a) Give the make of the alarm:

(b) Is it:

(i) bells only?

Yes

No

If Yes, give details:

(ii) connected to the police?

Yes

No

If No, give details:

(iii) central station?

Yes

No

If No, give details:

(c) Does it protect all areas containing the insured items?

Yes

No

(d) Is the alarm under a maintenance contract?

Yes

No

If Yes, by whom?

7. SAFE (Fill if stowed in a safe at any time)

(a) Give the make, model and age of the safe:

(b) Is it a:

(i) wall safe?

Yes

No

(ii) freestanding safe?

Yes

No

(iii) underfloor safe?

Yes

No

(c) Weight and dimensions

8. OTHER SECURITY

(a) Are all windows, fanlights and skylights fitted with operated locks?

Yes

No

If No, give details:

(b) Is your property protected by any other means?

Yes

No

If Yes, give details:

9. AMOUNTS TO BE INSURED

All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

(a) Pictures, paintings, sketches and the like. Please give the name of the artist, title of painting, value of painting:

(b) Do the amounts insured represent current market value?

Yes

No

If No, please give details:

10. PREVIOUS INSURANCE

(a) Name of any previous insurers and brokers (if any):

(b) Date of expiry of previous policy:

(c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply?

Yes

No

If Yes, please give details:

11. LOSSES

Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

Yes

No

If Yes Please state (a), (b), (c).

(a) approximate date of each loss or damage:

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(b) circumstances and amount of each loss or damage:

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(c) with whom the property was insured:

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12. OTHER INFORMATION

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes

No

If Yes, please give details:

Are there any other factors affecting this insurance of which you are aware?

Yes

No

If Yes, please give details:

13. 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