

# QBE Contractors All Risks 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 AND GENERAL QUESTIONNAIRE

- Name and address of owner/proposer   
  
 Tel
- Name(s) and address(es) of contractor(s) who has (have) built the structure   
  
 Tel
- (a) Name(s) and address(es) of subcontractor(s)   
  
 Tel   
(b) Work carried out by subcontractor(s)
- Name(s) and address(es) of Consulting Engineering firm   
  
 Tel
- Title of structure  
(If the structure consists of several sections, please specify section(s) to be insured.)

**DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)**

6. Location of structure.

7. Description of each section of structure *(Please give detailed technical information)*

(a) Dimensions (length, height, depth, spans, number of floors, diameter, inclination)

(b) Foundation (type, method and level of each section)

(c) Construction methods applied

(d) Construction materials used

8. Period of insurance	Commencement of insurance	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)
	Duration of Construction	<input type="text"/>	months
	Date of Completion	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)
	Duration of maintenance	<input type="text"/>	months

9. Has the structure been insured?

(a) during the construction period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) after the construction period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Has there been any accident, loss or damage?

(a) during the construction period? <i>(If YES, please give details of cause and amount.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(b) after the construction period? <i>(If YES, please give details of cause and amount.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Please advise of Special Hazards present

(a) Fire, explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Flood, inundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Landslip, storm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Volcanism, tsunami, earthquake	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Other hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If any of the above is answered YES, please give details*

*If you have answered YES, to item (e) please answer the following*

(i) state intensity (Mercalli) and magnitude (Richter)

(ii) is design of the structure to be insured based on regulations for earthquake-resistant structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(iii) is design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)**

12. Subsoil conditions (If more than one stratum, state depth of each stratum starting at ground level to greatest excavation depth)

Rock  papers  sand  clay  filled ground

Other subsoil conditions

Do geological faults exist in the vicinity?  Yes  No

If YES, please comment

13. Topographical conditions and configuration of ground (e.g. angles of slopes)

(Please attach plans or photographs.)

14. Ground-water level

15. Nearest river, lake, sea, etc.

Name

Distance

Elevation of site above low water  Meters

(a) mean water  Meters

(b) highest level recorded  Meters

16. Does a warning system exist for flood and inundation?

Yes  No

(If YES, please give details.)

17. Describe meteorological conditions: Rainy season from

to

Max rainfall (mm)  per hour  per day  per month

Storm hazard  Minor  Medium  High

18. Is there any regular maintenance work?

Yes  No

(If YES, if so, please give details of such maintenance work)

(a) Does a time schedule and a check list exist for maintenance work (e.g. clearing of culverts, bridges, under- and overpasses, painting work)?

Yes  No

(b) Who is in charge of maintenance work?

(c) Are staff being specially trained for maintenance work?

Yes  No

19. Is the structure observed or occupied by your own staff full time?

Yes  No

If YES, please indicate number of staff permanently present

20. Has major repair work taken place since completion of original construction?

Yes  No

If YES, please provide details

21. Is there any construction work in the vicinity which would affect the structure during the insurance period?

Yes  No

If YES, please provide details

**DETAILS OF PROPOSER AND GENERAL QUESTIONNAIRE (Continuation)**

22. What was the amount of the original costs for building the whole structure?

Please give breakdown of original costs for major sections of the structure (e.g. for bridges: foundation, column, abutment, and superstructure)


23. Please state below the amounts you wish to insure or where applicable the limits of indemnity required

Items to be insured	Sums to be insured (state below separately)
1. New replacement value of whole structure (breakdown as under 22)	
2. Clearance of debris (insured only up to amount indicated)	
Total sum insured	

**Section 2 - Third Party Liability**

Special Risks to be Insured	Limits of indemnity each and every loss or damage and/or a series of losses arising out of any one event.
a. Bodily injury - any one person	
b. Storm, cyclone, flood, inundation, landslide	
c.	
d.	
e.	

Your comprehensive answers to the above questions are important to us. If there is insufficient space to answer any of the above questions, please continue on a separate sheet

**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](http://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:

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Date: (dd/mm/yy)

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and company stamp

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**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)