

QBE Special Perils 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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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.		Intermediary No.	
Are you Registered for GST? If Yes, Please provide the following			Yes <input type="checkbox"/> No <input type="checkbox"/>
GST Registration Date	/ /	GST Registration Number.	

DETAILS OF PROPOSER					
Name(s) in full					
Company Registration No.					
Address					
					Tel
Period of Insurance	From	/ /	To	/ /	(dd/mm/yy)
Occupation or Profession or Nature of Business (if more than one please state all):					
Mortgagee or chargee or H.P. Co.					
Situation of risk:					
Particulars of equipment to be insured:					
Make, Model, Type & Number					
Engine No					
Chasis No					
Horse Power	Year of Manufacture		Year of Reconditioned		
Purchase Price (RM)			Sum Insured		

GENERAL QUESTIONNAIRE										
Note: All questions must be answered by the proposer and appropriately marked (√) where applicable										
1.	(a)	Do you wish to insure the foundations of the machinery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If NO, please state the place the machinery/equipment is normally garaged.</i>										
	(b)	Is machinery/equipment garaged in the open?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, are there any security or watchmen engaged to look after the machinery/equipment?</i>										
<i>Please provide details</i>										
	(c)	If machinery/equipment is driven out of the home base, does such machinery/equipment return to home base at the end of working day?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If NO, are there any security or watchmen engaged to look after the machinery/equipment?</i>										
<i>Please provide details</i>										
2.	State the purpose for which the machinery/equipment will be used.									
	Construction	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Timber logging	<input type="checkbox"/>	Drainage & sewage	<input type="checkbox"/>	Timber saw mill	<input type="checkbox"/>
	others	<input type="checkbox"/>								
3.		Is the machinery/equipment the subject of a hire purchase or leasing agreement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, please provide details of hire purchase or leasing Company and amount outstanding</i>										
4.		Is the machinery/equipment in a good state of repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
5.	Machinery/equipment is fixed with	rubber tyres	<input type="checkbox"/>	metal tracks	<input type="checkbox"/>	others	<input type="checkbox"/>			
	If OTHERS, please describe									
6.		Are you the owner of the machinery/equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
7.	(a)	Do all persons driving or operating the machinery/equipment hold full licences (as per RTD, licensing regulations)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
	(b)	Do you provide training for new drivers before allowing them to drive or operate the machinery/equipment (irrespective whether the drivers hold full driving licences or not)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
		<i>If YES, please state how long i.e. no. of hours of training you provide.</i>			hrs					
	(c)	Is anyone with less than 6 months' driving experience allowed to drive or operate the machinery/equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
8.		Has, to your knowledge, any person who will drive been								
	(a)	involved in an accident the last 5 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, please give full particulars & details.</i>										
	(b)	convicted of any offence in connection with a motor vehicle, machinery or heavy equipment or are there any prosecution pending the last 5 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, please give full particulars & details.</i>										
9.		Do you or does any person who, to your knowledge, will drive suffer from defective vision or hearing or from any physical infirmity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, please give names of such persons and give details of such infirmity</i>										
10.		Have you ever made a claim against any insurer(s) in respect of your machinery/equipment or machinery/equipment leased to you or the machinery/equipment the subject matter of this proposal, against fire, theft, accidental damage or other perils, during the last 5 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
<i>If YES, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?</i>										

GENERAL QUESTIONNAIRE (Continuation)			
11.	Has any insurance company ever		
a)	declined your proposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	refused to renew your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	cancelled your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	required an increased rate or imposed special terms on renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If any answer above is YES, please give details.</i>			
Note			
1.	No cover is in force if the vehicles, machinery or equipment are being used on the road as defined in the Road Traffic Ordinance 1961 (Singapore) and the Road Traffic Ordinance, 1958 (Federation of Malaya).		
2.	Ensure that the information in this form is accurate and complete as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.		

DECLARATION AND SIGNATURE	
Privacy Policy Statement	
<p>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.</p> <p>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.</p> <p>I/We do hereby declare that:</p> <ol style="list-style-type: none"> I am/we are authorised to make this proposal. 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. 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:	<input type="text"/>
Date: (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
and company stamp	<input type="text"/>

DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)	
In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:	
<ol style="list-style-type: none"> I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale. I have maintained a copy of the Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00. 	
Name	<input type="text"/>
NRIC No	<input type="text"/>
Signature & Company Stamp:	<input type="text"/>
Date: (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>