

DEFAMATION INSURANCE

Notice to the proposed insured



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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SST Reg No: B16-1808-31042744
www.qbe.com/my

Your Duty of Disclosure:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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.

Please complete information in full and check boxes tick (✓) where appropriate. Please answer on a separate sheet of paper if the space provided is insufficient.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/> <i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. DETAILS OF APPLICANT

1. Full name of all entities to be insured (It is essential that you specify the names of all entities including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy).

2. Address of head office or principal office

3. Address(es) of branch offices or other locations

4. (a) Date on which the Practice was established: (dd/mm/yyyy)

- (b) How long has the Practice been operated by present owners?

Clear 1

B. DETAILS OF PRACTICE

- 5. (a) Has the name of the Practice ever been changed? Yes No
- (b) Has any other practice of business amalgamated or merged with you? Yes No
- (c) Have you purchased any other practice or business? Yes No

If you have answered Yes to either (a), (b) or (c), please supply details.

6. Please list the professional bodies or associations to which the Applicant belongs.
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7. Please detail the class of occupation for which cover is required.
- (a) Proprietor Yes No
 - (b) Editor Yes No
 - (c) Newspaper Publisher Yes No
 - (d) Magazine Publisher Yes No
 - (e) Book Publisher Yes No
 - (f) Printer Yes No
 - (g) Television Broadcaster Yes No
 - (h) Radio Broadcaster Yes No
 - (i) Trade Association (including professional bodies, trade unions and employer groups) Yes No
 - (j) Other (please specify) Yes No

8. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes No

If Yes, please supply details

9. Have you given any undertaking to indemnify any other party against claims for defamation or infringement of copyright appearing in the publications or broadcast by the radio or T.V. stations proposed for insurance? Yes No

If Yes, please supply details of the exact terms of such undertakings and to whom they are given.

- 10. (a) Do you publish, print or broadcast news/current affairs or other similar material prepared by others? Yes No
- (b) If Yes, do you obtain an indemnity against claims for defamation or infringement of copyright from the organization or individual providing the source material for your broadcast of publications? Yes No

If Yes, please supply details of the exact terms of such indemnities and from whom they are obtained.

11. Please provide further details by completion of the attached addendum, which shall form part of this Proposal.

Addendum 'A' - in respect of publishers, proprietors, printers and editors of newspapers, magazines, trade journals and the like.

Addendum 'B' - in respect of book publishers.

Addendum 'C' - in respect of television and radio stations.

C. FINANCIAL DETAILS

12. (a) Please advise the date of your financial year end (dd/mm/yyyy)

(b) Please provide the amount of gross turnover (including advertising revenue) for the following:

	MALAYSIA	OTHER
(i) Current financial year	<input type="text"/>	<input type="text"/>
(ii) Last financial year	<input type="text"/>	<input type="text"/>
(ii) Previous financial year	<input type="text"/>	<input type="text"/>

13. Please provide the approximate percentage of your activities (based on gross turnover) applicable to each country from which you derive a portion of your income.

Country	MALAYSIA	ASIA	EUROPE	USA/CANADA	OTHER
Percentage of Income	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

D. CLAIMS DETAILS

14. Has any Applicant ever been subject to disciplinary proceedings for misconduct in relation to the Practice? Yes No

If Yes, please supply details.

15. Have any claims for defamation or infringement of copyright, trademark, registered design or patent, or plagiarism been made against the Practice in the last ten (10)-years or have circumstances been notified to insurers that might give rise to a claim? Yes No

If Yes, please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (If any)	Name of Claimant or Potential Claimant	Brief Description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding?
<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"/>	<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"/>
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<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Is the Applicant, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim for defamation or infringement of copyright, trademark, registered design or patent, or plagiarism against the Practice which matter is not referred to in Question 15 above? Yes No

If Yes, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of Potential Liability
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

E. DETAILS OF INSURANCE COVER

17. (a) Does the Practice presently carry, or has the Practice ever carried, Defamation Insurance? Yes No

If Yes, please supply details:

Insurer

Expiry Date

Limit of Indemnity

Premium

(b) Has the Practice ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If Yes, please supply details.

F. APPLICATION FOR COVER

18. (a) Limit of Indemnity required

(b) Deductible/Excess requested

(each and every Claim)

(c) Please indicate if you seek cover for the following Optional Extension.

- Increased Aggregate Limit of Indemnity (Reinstatement)

Yes

No

G. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

Proposer's Signature

Date: (dd/mm/yyyy)

H. 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/yyyy)

Addendum 'A' - Newspapers, magazines and trade journals

1. Please submit current copies of all your publications proposed for this insurance.
2. Please supply details of all your current and proposed publications
(any publication not proposed for insurance should be clearly noted)

Name of publication (Medium to be insured)	Name of Proprietor	Name of publisher	Name of editor	Name of printer	Frequency of publication	Circulation numbers (estimate)	Year of first edition	Is the publication subject to an indemnity against defamation or infringement of copyright from any party? If so, please provide details

Addendum 'B' - Book publishers

1. Details of releases

Please supply details of all releases in the past twelve (12)-months or anticipated releases in the next twelve (12)-months.

* Category: F = Fiction, A = Autobiography, B = Biography, E= Education, G = General / Non Fiction

(any publication not proposed for insurance should be clearly noted)

Title	Author	Circulation number (estimated)	* Category

2. Summary of releases

Category	Number of releases in the past twelve (12)-months	Number of releases expected in the next twelve (12)-months
F - Fiction		
A - Autobiography		
B - Biography		
E - Education		
G - General / Non Fiction		

Addendum 'C' - Television or radio stations

1. Call letters, name and location of Station(s)

2. Average number of hours of transmission daily and weekly

Daily hours

Weekly hours

<input type="text"/>	<input type="text"/>
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3. What proportion (approximately) of weekly transmission time is used for:

Past year

Coming year

	Past year	Coming year
(a) Advertising		
(b) Music		
(c) News services		
(d) New commentaries and/current affairs		
(e) Sporting broadcasts and commentaries		
(f) Talk-back programmes		
(g) Other		

4. Do other stations pick-up and re-transmit any of your programmes?

Yes

No

If 'Yes', do those arrangements involve you in any assumed liability to indemnify such other stations for defamation or infringement of copyright claims arising from such programmes?

Yes

No

If 'Yes' please provide full details of the form and extent of such indemnities.

Addendum 'C' - Television or radio stations (Continuation)

5. What precautions are taken to prevent transmission(s) of any matter which may be defamatory or which may infringe the copyright of others?

6. Do you obtain advance copies of political and other speeches on controversial subjects? Yes No

7. Are political and other speakers checked while transmitting in order to detect any departure from scripts? Yes No

8. Do you use a recording apparatus or other method of obtaining a permanent record of political and other speeches of a controversial nature? Yes No