

# QBE Burglary 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"/>		

## A. DETAILS OF PROPOSER

1. Name of Proposer	<input type="text"/>				
2. Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	Tel	<input type="text"/>		
3. Period of Insurance	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yy)
4. Occupation or Profession or Nature of Business (if more than one please state all):	<input type="text"/>				
	<input type="text"/>				
5. Situation of risks	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
6. Interest to be insured					
Insured Item	Full Value	Amount Insured			
(a) Stock-in-trade belonging to the Proposer					
(b) Stock-in-trade held in trust or on commission					
(c) Tools, equipment, utensils and plants					
(d) Office equipment and machines					
(e) Furniture, fixtures and fittings					
(f) Others (pleased describe if cover required)					

N.B Pleased describe in full for items insured above to avoid dispute in the event of claim

## B. GENERAL QUESTIONNAIRE

Note: All questions must be answered by the proposer and appropriately marked (✓) where applicable

1. (a) Type of premises where property to be insured is kept

Shop  Factory  Warehouse  Other, please specify

(b) Construction of premises

Wall  Brick/Concrete  Wooden/Plywood  Other, please specify

Roofs  Tiles  Asbestos  Zinc  Other, please specify

Ceiling  Wooden  Asbestos  Brick/Concrete  Other, please specify

Partitions  Wooden/Plywood  Asbestos/Gypsum  Brick/Concrete  Other, please specify

(c) Construction of doors (Entrance and rear doors of premises)

Type of doors  Hollowcore/Timber/Plywood  Glass  Solid Wood  Metal  Other, please specify

(d) How are doors secured?

Type  Motice  Rimlock  Bolts  Padlocks  Other, please specify

(e) State type make, brand and name of manufacturer of locks.

Type  Open Shackled  Closed Shackled

Please state make/brand and name of manufacturers

(f) Are doors protected with bars, grilles or metal claddings?

Yes  No

If YES, state type:

Iron bars

Iron grilles

Metal/Aluminium claddings

(g) How are windows protected?

Iron bars

Iron grilles

No protection

2. Are there trap doors or skylights in the basement or roofs?

Yes  No

If YES, please state how they are secured and protected.

3. (a) Are you the sole occupier of premises?

Yes  No

If NO, please give description of other tenant(s).

(b) Will premises be left unoccupied?

Yes  No

If YES, for what period of time

4. When was the business first established?  (year)

5. Is there at least a stay-in employee in the premises after normal business hours?

Yes  No

6. Is the premises securely locked when the premises is unattended?

Yes  No

7. (a) Is your premises installed with burglar alarm system?

Yes  No

If YES, please state the name of manufacturer and brand of alarm.

(b) Is the alarm regularly tested, service and maintained?

Yes  No

(c) Do you maintain a valid maintenance agreement with the manufacturer, dealer or distributor

Yes  No

**B. GENERAL QUESTIONNAIRE (Continuation)**

8. Do you conduct a similar business elsewhere?  Yes  No  
*If YES, please state particulars*
9. Do you keep stock records (in coming and out going) and sales records?  Yes  No  
*If YES, how frequently are stock records updated*
10. Do you perform or conduct stock check or inventory taking?  Yes  No  
*If YES, state the frequency of checking*
11. Is property to be insured presently insured by another Insurer?  Yes  No  
*If YES, state name of insurer & policy particulars*
12. Have you or any partner or director or any interested party suffered loss by burglary, house breaking or larceny at the above or any other premises?  Yes  No  
*If YES, state amount of loss and date of loss. If there the loss was insured, state the name of insurer.*
13. Has a burglary insurance insured by you or any partner or directors or any interested party been
- (a) Cancelled  Yes  No
  - (b) Declined  Yes  No
  - (c) Refused to renew  Yes  No
  - (d) Restricted or terms imposed by any insurer  Yes  No
- If any answer above is YES, please give particulars and reasons.*
14. Who is currently insuring your fire, personal accident or workmen's compensation insurances?

**Note:** 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.

## C. 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 understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer &  
Company Stamp

Date (dd/mm/yy)

## D. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

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.

For Individual

NRIC (New)

Passport

For Company

Certificate of Incorporation (ROC)

Annual Return or Form 24 and 49

Latest Annual Audited Financial Statement

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

Date: (dd/mm/yy)

Signature &  
Company Stamp