

QBE Plate Glass 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.

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.	

A. DETAILS OF PROPOSER					
1.	Name of proposer:				
2.	Address:				
				Tel	
3.	Trade or Profession or Nature of Business:				
4.	Period of Insurance	From	/ /	To	/ / (dd/mm/yy)
5.	Situation of risks				

B. GENERAL QUESTIONNAIRE						
Note: All questions must be answered by the proposer and appropriately marked (✓) where applicable						
1.	Is building/premises let out, leased or rented?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If YES, state the occupation of tenant</i>					
2.	Describe the construction of building.					
3.	Has the building/premises been altered or renovated for the last 12 months?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If YES, give full details & description.</i>					
4.	Is the building/premises situated at the corner of the street?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	What is the width of the pavement?					
6.	Describe the shutters, if any are used to protect glass.					

B. GENERAL QUESTIONNAIRE (Continuation)					
7.	Have there been breakages, if any, during the last 12 months?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, state the cause(s) & provide details.</i>					
8.	Is any of the glass now broken or damaged?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, give full details.</i>					
9.	Do you require the following extensions				
(a)	Hail storm and/or wind storm?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Riot and Strike?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Explosion?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Is the Building/Premises currently insured?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, state name of insurer & Policy No.</i>					
11.	Has any insurer ever cancelled, declined, refuse to renew, imposed special terms on any proposal, renewal or policy held by you?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, state name of insurer & give reasons.</i>					
12.	Particulars of glass to be insured				
No. of Squares	Type of glass (Describe)	Position of glass (State where)	Size of Each Square Height/Width	Amount to be insured Glass-market value Ornamentation & Signwriting	
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	
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:	<div style="border: 1px solid black; width: 300px; height: 60px; display: inline-block;"></div>
	Date: (dd/mm/yy) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">/ /</div>
and company stamp	<div style="border: 1px solid black; width: 300px; height: 60px; display: inline-block;"></div>

D. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

- 5. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
- 6. 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

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yy)