

QBE SPECIAL CONTINGENCY Insurance

PROPOSAL

Cover Note No.:
Policy No.:
Account No.:

IMPORTANT NOTICE

Insurance Act 1996. You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

A. DETAILS OF PROPOSER

1. Name of proposer:

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 Company Registration No.:

2. Address:

.....
 Tel:

3. Occupation or Profession or Nature of Business (if more than one please state all):

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4. Mortgagee or chargee or H.P. Co.:

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5. Period of Insurance: From ___/___/___ to ___/___/___ (dd/mm/yy)

6. Situation of risk:

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7. Particulars of equipment to be insured:

Interest to be insured (Description of property)	Make, model or type	Year of manufacture	Year of reconditioned	Sum Insured

B. GENERAL QUESTIONNAIRE

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

1. Have you presently any insurance covering the above items? YES NO
 If YES, please give name of Company and relevant details.

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2. Contingencies required for insurance in addition to standard cover:
- | | | |
|--|---|--|
| <input type="checkbox"/> earthquake, volcanic eruption | <input type="checkbox"/> subterranean fire | <input type="checkbox"/> riot, strike, civil commotion |
| <input type="checkbox"/> malicious damage | <input type="checkbox"/> hailstone, storm, tempest, flood | <input type="checkbox"/> landslide & landslip |
3. Do the items described above for insurance represent the whole of your office and/or factory, equipment or machinery? YES NO
4. State construction of premises where property above is contained or housed:
- | | | | | |
|--------|---|---|---|---|
| WALLS | <input type="checkbox"/> Brick/Concrete | <input type="checkbox"/> Asbestos Sheet | <input type="checkbox"/> Wood/Plywood | <input type="checkbox"/> Others, please specify |
| ROOFS | <input type="checkbox"/> Tiles | <input type="checkbox"/> Asbestos Sheet | <input type="checkbox"/> Iron/Zinc Sheets | <input type="checkbox"/> Others, please specify |
| FLOORS | <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood/Planks | <input type="checkbox"/> Others, please specify | |
5. State number of storeys in the building:
6. Is building detached from all other buildings? YES NO
- If YES, state how far from nearest building meters
- If adjoining, state occupation of the adjoining premises:
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- Describe construction of these neighbouring buildings:
- Walls:
- Roof:
7. Year of construction of building where property above is contained or housed:
8. (a) Describe the occupation of the premises
- (b) Is there any manufacturing process carried out therein? YES NO
- If YES, please provide details*
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- (c) Is spray painting carried out therein? YES NO
- (d) Is powder spraying carried out therein? YES NO
9. What does the contents (or goods) of the premises consist of?
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10. Are there any hazardous trade carried on or hazardous goods deposited in the premises (e.g. petrol, gas, chemicals etc)? YES NO
- If YES, please provide details*
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11. Is there any trade carried out nearby or connected to, the premises or other circumstances, appear to increase the risks? YES NO
- If YES, please provide details*
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12. Is the property described above: New Second Hand Reconditioned

13. Is property described above in good order and working condition? YES NO

14. From whom did you purchase the property described above? Please state the name of supplier(s)

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15. What is your company's paid up and authorised capital (applicable only if the proposer is a limited company)?

Paid up: Authorised:

16. What is your turnover or sales for the last financial year and also your estimated or projected turnover or sales this year?

Turnover of sales (last financial year)

Turnover of sales (for this year)

17. Are your other property in the premises insured against fire theft or accidental damage or other perils? YES NO

If YES, please state name of insurer(s), policy nos. and describe type of property.

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18. Have you ever made a claim against any insurer(s) in respect of any of the property now proposed for insurance against fire or theft or accidental damage for the last 5 years? YES NO

If YES, please provide name(s) of insurer(s), amount claimed, dates of losses and causes?

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19. Has any insurance company ever (a) declined your proposal YES NO

(b) refused to renew your policy? YES NO

(c) cancelled your policy? YES NO

(d) required an increased rate or imposed special terms on renewal? YES NO

If any answer above is YES, please give details.

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Note:

1. 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/we 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:.....
and 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 Act 2001:

1. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
2. 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:

Date: ___/___/___ (dd/mm/yy)

Signature:
and company stamp