

QBE GENERAL LIABILITY Insurance Proposal Form for Warehousemen



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)
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
telephone +603 7861 8400 • facsimile +603 7873 7430
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.

Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.

Cover Note No. Intermediary No.
Intermediary Contact Number Intermediary Name

A. DETAILS OF APPLICANT

1. Name of the Applicant Company or Organization.

(Hereinafter referred to as the "Company" in this Proposal)

Company Registration No.:

2. Correspondence Address:

3. Date the Company commenced business: (dd/mm/yyyy)

4. Nature of Business

5. Number of Staff: Management Staff Others

6. Name and position of person(s) to be contacted for consultation:

B. DETAILS OF RISKS

1. Details of warehouse:

i. Name(s)

ii. Locations(s)

Clear 1

B. DETAILS OF RISKS (Continuation)

iii. Describe construction of respective Buildings (e.g. metal deck walls, brick walls, open-sided building, steel beams and trusses, tile roof, concrete flooring, etc):

iv. Details of Fire protection

v. Security arrangements

vi. Burglary protections

vii. Is premise(s) located in flood prone area? If yes, please give details.

viii. Is warehouse rented or owned? If rented please state Owners Name.

ix. Types of goods stored

2. Limit of Liability required:

--

3. Excess (amount of loss you are prepared to bear for yourself):

--

4. Annual Gross Receipt as a Warehousemen

Last financial year (as confirmed by your auditor)

--

Estimate for current financial year

--

Estimate for next financial year

--

C. OTHER INFORMATION

1. Are there any losses in the past 5 years?

Yes

No

If YES, please give details:

2. Do you presently carry or have you ever carried a Warehousemen's Liability Insurance?

Yes

No

If YES, please supply details or Insurer, expiry date, insured values, premiums or other information:

3. Has the Company 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:

D. 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.

Name

NRIC No

Proposer's Signature
& Company Stamp:

Date: (dd/mm/yyyy)

E. 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 Statements

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/yyyy)

Signature &
Company Stamp