

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

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QBE FIRE BUSINESS INTERRUPTION Insurance PROPOSAL

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.

A. PARTICULARS OF PROPOSER

Name of Proposer			
Identity Card./Passport No./Co. Registration No.			
Correspondence Address:			
Trade or Profession or Nature of Business			
Mortgagee or Chargee or H.P. Co.			
Period of Insurance	From		To
Situation of Risks to which this insurance applies			

B. GENERAL QUESTIONNAIRE

Note	All questions must be answered by the proposer and appropriately marked (✓) where applicable				
1.	Have you presently any insurance covering Fire Business Interruption policy? If YES, please give name of Company and attach copy of present policy.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Are your premise(s) and stock currently insured with QBE Insurance (Malaysia) Berhad? If YES, please state the Policy number & the amount insured	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Note : Unless the material damage Policy on the Premises and stock is covered by us, business interruption insurance will not be considered.					

B. GENERAL QUESTIONNAIRE (Continuation)							
3. Does the Fire Insurance extend to cover you the perils stated below? Please tick boxes, if answer is YES.							
Flood	<input type="checkbox"/>	Storm, Tempest	<input type="checkbox"/>	Riot Strike & Malicious Damage	<input type="checkbox"/>		
Spontaneous Combustion	<input type="checkbox"/>	Aircraft Damage	<input type="checkbox"/>	Explosion	<input type="checkbox"/>		
Please specify other Perils							
Note : Please underline the perils that you require this business interruption insurance to extend the cover							
4. (a) Are there any boilers on the Premises to be insured? If YES, please state whether any specific insurances for boilers have been taken up?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Any extension for Third Party Liability granted?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Have you at anytime suffered any loss by Fire? If YES, please state year of claim, amount of claims paid, name of insurance company involved				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. How long has the business been established?							
7. Are your books regularly audited? If YES, please state how often and name of auditor.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Has any insurance company ever							
(a) declined your proposal?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) refused to renew your policy?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) cancelled your policy?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) required an increased rate or imposed special terms on renewal? If any answer above is YES, please give details.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Have you ever sustained loss from any of the perils which you now require insurance? If YES, please give full particulars including name of insurance company, if insured.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

B. GENERAL QUESTIONNAIRE (Continuations)

10. Calculation of Sum Insured for Gross Profit

The subject matter insured is the profit achieved by selling the goods on the premises insured and/or profit gained from services rendered as well as all standing charges which continue to accrue from the premises in the event of a business interruption due to fire damage to the premises insured.

Relevant figures given should be based on Profit & Loss account of the last financial year and to add allowance for future increase *1

Turnover (last financial year)	RM
Closing Stock	RM
Add : Work in Progress (Closing)	RM
Sub-total	RM
Less :	
Opening Stock	RM
Work in Progress (Opening)	RM
Specified Working Expenses	
(a) Purchases	RM
(b) Carriage	RM
(c) Wages	RM
(d)	RM
(e)	RM
(f)	RM
Sub-total	RM
*2 Add safety margin for increase during policy year (certain % of Gross Profit for 12 months)	RM
Sum insured for Gross Profit for 12 months. If indemnity period is more than 12 months, please adjust so that it is increased proportionately	
Grand Total	RM
* 1 Safety margin for 12 months ahead of date of expiry of policy, if indemnity period is 12 months; if 24 months indemnity period, then provide allowance for 1st 12 months and another for 2nd 12 months.	
* 2 If indemnity period is more than 12 months, you must adjust as follows:- E.g. 12 months gross profit & safety margin = RM 100,000. Cover required is 24 months indemnity period will be RM 200,000 (RM 100,000 x 2 years)	

11. What is the maximum indemnity period required?

..... months

12. Do you wish the cover to include the following as separate items?

(a) Wages If YES, state amount to be insured RM	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Auditor's fees/charges for producing particulars in the event of claim If YES, state amount to be insured RM	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Additional increase in cost of working expenses If YES, state amount to be insured RM	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

C. SUMMARY OF INSURANCE COVERS DESIRED

Subject matter to be insured	Sum Insured
(a) Gross Profit [See Grand total Question B10]	RM
(b) Wages [Separate item, see Question B12(a)]	RM
(c) Auditor Fees [Separate item, see Question B12(b)]	RM
(d) Additional increase in cost of working [Separate item, see Question B12(c)]	RM
Total Sum Insured	RM

D. DEFINITION

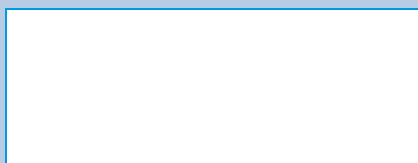
1. Turnover	The money (less discount received) paid or payable to the Insured for goods sold and delivered and for services rendered in course of the business at the premises
2. Gross Profit	The amount by which the sum of the Turnover and the closing Stock shall exceed the sum of the Opening stock, Work-in-Progress and the Specified Working Expenses
3. Specified Working Expenses	100% purchases (less discount received) 100% carriage, packing & freight charges (other than Insured's own) 100% Wages (Note : These items will differ for individual cases and 100% of wages will be omitted if wages are included in Gross Profit item)
4. Indemnity Period	The period beginning with the occurrence of the damage and ending not later than the Maximum Indemnity Period thereafter during which the results of the business shall be affected in consequence of the damage

E. 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. 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)

 / /

F. PAYMENT OPTIONSCheque / Bank draft ☐ MASTERCARD ☐ VISA ☐

Please charge the total premium to the following card number

Last 3 digits on the back of the card

Name of cardholder

Expiry date (dd/mm/yy)

 / /

Signature of cardholder

Note: premium must be made payable to QBE INSURANCE (MALAYSIA) BERHAD

G. 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	For Company
NRIC (New) <input type="checkbox"/>	Certificate of Incorporation (ROC) <input type="checkbox"/>
Passport <input type="checkbox"/>	Annual Return or Form 24 and 49 <input type="checkbox"/>
	Latest Annual Audited Financial Statements <input type="checkbox"/>

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