

Single Clinical Trial Proposal



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,
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SST Reg No: B16-1808-31042744
www.qbe.com/my

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. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

- A Sample Policy Wording is available on request.
- The applicant will be referred to in this proposal as 'You' or 'Your'.
- Please answer all questions fully. If there is insufficient space, please provide details on your letterhead.
- Where applicable, please tick the appropriate box to indicate your answer.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/>		
	<i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. DETAILS OF APPLICANT

1. Full name of all entities to be insured
2. Your principal address
 Postal Code
3. Address(es) of branch offices or other locations
 Postal Code
4. Description of Business
5. Date on which your practice was established (dd/mm/yyyy)
6. Please supply the following details.
Is the trial conducted in full accordance with:
 - (a) Department of Health requirements with protocols approved by an independent Ethics Committee? Yes No
If you have answered to 'No', please supply details.
 - (b) Royal College of Physicians recommendations? Yes No
If you have answered to 'No', please supply details.

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A. DETAILS OF APPLICANT (Continuation)

(c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines? Yes No

If you have answered to 'No', please supply details.

(d) E.C. guidelines on Good Clinical Practice? Yes No

If you have answered to 'No', please supply details.

(e) I.C.H. Harmonised Tripartite Guidelines Yes No

If you have answered to 'No', please supply details.

7. If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers? Yes No

If you have answered to 'No', please supply details.

8. Give details of serious adverse events during the last 5 years resulting in death, injury, disease or illness (physical or mental) to research subjects, and any circumstances which have given or might give rise to a claim against you in connection with the Trial/Trial drug(s), procedures for which coverage is sought hereon.

9. Please attach a copy of:

- (a) PROTOCOL
- (b) PATIENT/VOLUNTEER INFORMATION (if not incorporated into the Protocol)
- (c) PATIENT/VOLUNTEER CONSENT FORM (if not incorporated into the Protocol)
- (d) ANY HOLD HARMLESS AGREEMENT/CONTRACT INDEMNITIES WITH OTHER PARTIES (if applicable)

10. Please indicate Limit(s) of Indemnity for which a quotation is required or local currency equivalent:

11. Please state whether you require quotations for extended discovery periods (after expiration of the policy or duration of the trial)

- (a) 12 months Yes No
- (b) 24 months Yes No

B. 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.

Proposer's Signature

Date: (dd/mm/yyyy)

C. 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