QBE WORKMEN'S COMPENSATION Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad

Reg. No.: 161086-D

(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.

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www.abe.com.mv

www.qbe.com.my										
			С	over Note No.						
			А	ccount No.						
			Р	olicy No.						
IMPORTANT NOTICE										
 Pursuant to Schedule 9 of the F If you are applying for this Inst any matter that you know to b person in the circumstances reduction of your claim(s), cha 	urance for purposes be relevant to our do could be expected	related to your tracecision in accepting I to know to be re	the risks and deterrelevant, otherwise	mining the rates a it may result in	and terms to be a	oplied and any	matter a reasonable			
This duty of disclosure for Cons	sumer and Non-Con	sumer Insurance Coi	ntract shall continue	until the time th	e contract is enter	ed into, varied o	r renewed.			
2. For all intents and purposes whagreed that the English version			to the meaning in th	ne Bahasa Malays	ia provisions of ar	ny part of the Co	ntract, is hereby			
A. DETAILS OF PROPOSER										
Name of proposer / Employer	r									
2. Address of Employer										
					Tel					
3. Business Registration No./NF	RIC No.									
4. Trade or Profession or Nature	e of Business									
5. Situation to which this insura	nce applies									
6. Period of Insurance:	From	1	/	То	/	/	(dd/mm/yy)			
o. Teriod of misdrance.	110111	/	/	10	/	/	(uu/mm/yy)			
B. GENERAL QUESTIONAIRE										
Note: All questions must be ans	wered by the propo	oser and appropriate	ely marked (${\it f}$) whe	ere applicable 1.						
Description of Estime employees' no. of		ated wages es and other	Living or other	Total Earnings	For Office Use Only					
	loyees earni cash	ngs to be paid in during the above d (RM)	Allowances (RM)	(RM)	Rate Per Cent	Premium (RM)	Classification Codes			

Note: Premium is subject to *Service Tax

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^{*}QBE Insurance (Malaysia) Berhad reserves the right to adjust the Service Tax rate applied to policy premiums in accordance with any alterations to the Service Tax legislation and guidelines. Any modifications will be implemented in accordance with changes to the prevailing legal framework from time to time.

В. (SEN	ERAL QUESTIONAIRE (Continu	ation)						
2.	to t		er the Workmen's Compensation Laws e. of "contractors" as defined in the Wo af)			YES		NO	
	If YES, please state								
	,	Name of Contractors	To	Total wages of sub-contractor's employees (RM)					
3.		al amount of the wages salaries and ing the past twelve months.	d other earnings paid by me/us to the al	bove employees	RM				
4.	Plea	ase state whether employees are p	provided with :-						
	(a)	free living quarters				YES	Щ	NO	
	(b)	free food				YES		NO	
	(c)	free education for children				YES		NO	
	(d)	free nursing, milk and rice for chil	dren			YES		NO	
	(e)	any other free benefit				YES		NO	
		If so, please state their nature and	d estimated value below:-						
5.		es the foregoing Schedule include :							
	(a)	All persons in your services?				YES	Н	NO	
	(b)	All your sub-contractors?				YES		NO	
6.	(a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power?					YES		NO	
	or other mechanical power? If YES, please give full particulars and description below:								
	(b)		s properly fenced and guarded and oth	nerwise in		YES		NO	
		good order and condition?							
	If NO, please give full particulars below:								
						7			
	(C)	Do you have boilers in your pren If YES, please give details below:	nises ?			YES		NO	
		, ·, p g.··- a							
	(d)	Is your machinery and boiler certif	icated under the Machinery Enactment	or		YES		NO	
	(~)	Ordinance Certification?		C.		. 20			
		If NO, please stated what condition	ns it is exempted from such registratio	n					
7.		e explosives used in your business?)			YES		NO	
		ES, please state							
		Description of explosive used							
	(b)	Method of firing							
	(c)	To what extent they are used							
	(4)	Where they are stored							

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3. G	ENER	RAL QUEST	IONAIRE (Continuat	tion)					
8.	In res	pect of your	liability to your emplo	oyees :					
	(a) A	Are you at p	resent insured?					YES	NO
	(b) I	Have you ever proposed for Workmen's Compensation insurance?					YES	NO	
	ļ	If YES, please give the name(s) of insurer(s) & policy no(s)							
9.	Has a	ny proposal	for an Insurance in res	spect of your	liability to your employe	es or renewal	thereof ever		
	(a) E	Been decline	d?					YES	NO
	(b) E	Been withdra	awn?					YES	NO
	(c) F	Required spe	ecial terms to insure yo	ou?				YES	NO
			e give the name(s) of i		state reasons		L		
10.	Are A	cids. Gases a	and Chemicals used?						
			cribe the type used and	d to what exte	ent are they used				
11.	Please	e complete t	he following schedule	relating to ac	cidents to your employe	ees and diseas	es incidental to their occu	pations durir	ng the past 3 years.
	Please complete the following schedule relating to accidents to your employees and diseases incidental to their occupations during the past 3 years. Temporary Disablement Permanent							Permanent	
		Year	Total wages		Fatal	on	1	С	Disablement
			expended	No.	Compensation paid to date	No.	Compensation paid to date	No.	Compensation paid to date
					para to date		paid to date		to date
				1				1	1
			Year of	No.	Estimated	No.	Estimated	No.	Estimated
			Accident		further cost		further cost		further cost
	Cla	nims still							
	Ur	nsettled							
				1					

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C. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

The liability of the Company does not commence until the application has been accepted.

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.

This application and declaration hereby given shall be the basis of the contract with the Company and I will accept the terms, exclusions and conditions which will be set out in the policy to be issued.

Proposer's signature &				
Company stamp	Date: (dd/mm/yy)	ı	/	/

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

In compliance with Section 16(2) of the ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING (AMENDMENT) ACT 2014

- 1. I/ WE hereby certify that I have verified and authenticated the Proposer's NRIC / Business Registration Certificate at the point of sales.
- 2. I/WE have maintained a copy of the NRIC of the applicants of individual insurance where premium is more than RM50,000.00, a copy of Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name	NRIC No				
Signature &					
Signature & Company Stamp:	Date: (dd/m	nm/yy)	/	/	

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