

# QBE Restaurant 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,  
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GST Reg No.: 002077360128

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Cover Note No.

Policy No.

## IMPORTANT NOTICES

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. DETAILS OF PROPOSER

- Name of proposer  Biz Reg No.
- Are you registered for GST? If Yes, Please provide the following  Yes  No
- GST Registration Date  /  /
- GST Registration Number
- Correspondence Address   
  
 Tel
- Period of Insurance From  /  /  to  /  /  (dd/mm/yy)
- No. of years in this business
- Situation of Risk (if different from Correspondence Address)
- Construction Material:

Wall	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Asbestos Sheet/Wood/Plywood	<input type="checkbox"/> Others (Please Specify)	<input type="text"/>
Roof	<input type="checkbox"/> Tiles	<input type="checkbox"/> Asbestos Sheet/Iron/Zinc Sheets	<input type="checkbox"/> Others (Please Specify)	<input type="text"/>
Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood/Planks	<input type="checkbox"/> Others (Please Specify)	<input type="text"/>
Entrance & Realdors	<input type="checkbox"/> Hollow/Timber/Plywood	<input type="checkbox"/> Solid Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Others (Please Specify) <input type="text"/>
- When (year) was this building built
- Doors are secured by  Notice  Rim lock  Pad locks  Bolt  Others (Please Specify)
- State type of locks  Open shackle  Close shackle
- Are external doors reinforced with metal grilles or gate?  Yes  No  
If NO, please provide details
- How are windows protected  Metal bars  Grilles  No protection
- Is there a rear refuse chamber?  Yes  No  
If YES, please state if the internal door to the refuse chamber is padlocked  Yes  No

**A. DETAILS OF PROPOSER (Continuation)**

16. Are you the sole occupier of premises?  Yes  No

If NO, please give description of other tenant(s)

17. Complete sum insured values for Sections 1a and 3a as these are mandatory covers.  
 18. You may choose to also insure under Sections 1, 2 & 7 which are optional. You will need to nominate and insured value for 1b, 2 & 7b. Item 1c and 7a carry the same insured value and such value will be calculated from Question 20 below. If you do not wish to insure these optional items, no amounts need to be entered.

19. For the purposes of Section 2, Net Takings is defined as the by which the Turnover exceeds related Purchases. Turnover in this respect is defined as net value of the sales made and charges for work done in the courses of the business.

*Please complete the value for Net Takings under Section 2 if you wish to insure this item - This is an optional section*

20. If you wish to insure your stock in trade in tobacco and liquor or alcohol items under fire and burglary (section 1c and 7a), please declare the frequency of stock replenishment and the value of each replenishment over the past 1 month, in the table in the next page, regardless of supplier.

Tobacco Stock		
Date of supply	No. of days until next supply date	Value of Stock supplied
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
<b>Total</b>		<input type="text"/>

Liquor/Beer Stock		
Date of supply	No. of days until next supply date	Value of Stock supplied
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
<b>Total</b>		<input type="text"/>

21. Section 21 is an optional section. If you wish to insure under this Section, please declare:  
 a. How many manual workers you have employed at your restaurant/coffee shop

Note that this Section will automatically insure up to 5 persons. Additional premium will be charged separately for each additional person.

b. Personal details of key staff (below) you wish to insure under item 8b. You may include yourself as one of the insured persons under this section.

Full Name	IC Number
1.	
2.	
3.	
4.	
5.	

**B. HISTORY**

1. Has any insurer, in respect of any of the insurance to which this proposal applies, ever decline to insure you, or required special terms to insure you, or refuse to renew your insurance, or increased your premium on renewal?  Yes  No

2. Have you had any losses and/or claims, in respect of any of the insurance to which this proposal applies in the past 3 years (whether insured or not)?  Yes  No

If YES, please provide details

## C. 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](http://www.qbe.com.my). If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

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 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:

Date: (dd/mm/yy)

and company stamp

## 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 &  
Company Stamp:

Date: (dd/mm/yy)

**QBE RESTAURANT Insurance Package**  
**PLANS Available**

Plan A  
Sum Insured

Plan B  
Sum Insured

**Item Interest Insured**

**Section 1 Fire & Perils**

- a. Furniture, Fixtures, Fittings & renovations
- b. Stock in trade of food & related supplies
- c. Stock in trade of tobacco products and liquor, beer and the like
- d. Building


**Section 2 Business Interruption**

- a. On Annual Net Takings

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**Section 3 Special Contingency**

- a. Computer equipment and peripherals
- b. Restaurant Equipment & Utensils

20,000	30,000

**Section 4 Money**

- a. Money in Transit
- b. Money in Premises
- c. Money in locked Drawers/Cabinets
- d. Resultant damage to safe/cabinets/Premises

5,000	10,000
5,000	10,000
1,000	2,000
5,000	5,000

**Section 5 Plate Glass & signages**

3,000	6,000
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**Section 6 Public Liability**

- a. Limit of liability anyone event
- b. Limit anyone policy period

250,000	500,000
unlimited	unlimited

**Section 7 Burglary (including armed robbery)**

- a. Stock of liquor, beer & tobacco products
- b. Stock in trade other than (a) above

2,500	5,000

**Section 8 Group PA - for staff (a)**

- i. Accidental Death
- ii. Permanent Total Disability

15,000	15,000
15,000	15,000

**Special Cover - proprietor(b)**

- i. Accidental Death
- ii. Permanent Total Disability
- iii. Medical Expenses

100,000	100,000
100,000	100,000
1,000	1,000