



**Proposal Form for
Members of PRULIA Professional Indemnity Insurance**



| | | | |
|---|-----|--------------------------|--|
| Covernote No | | Intermediary No. | |
| Intermediary Contact Number | | Intermediary Name. | |
| Are you Registered for GST ? If Yes, Please provide the following | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| GST Registration Date | / / | GST Registration Number. | |

| | | | |
|------------------------------|--|----------------------|--|
| 1. Name of Applicant: | | Agency Code : | |
| 2. Mailing Address: | | | |
| 3. Email: | | Contact No: | |

4. Please choose Limit of Indemnity/Sum Insured:

| Options | Premium | Please tick |
|---|---------|--------------------------|
| i) RM 200,000 Each and Every Claim & in the Annual Aggregate | RM212 | <input type="checkbox"/> |
| ii) RM 500,000 Each and Every Claim & in the Annual Aggregate | RM318 | <input type="checkbox"/> |

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. 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

/ /



Date (dd/mm/yyyy)

| D. 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 Statement <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 | <input type="text"/> |
| NRIC No. | <input type="text"/> <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |
| Name and Signature of Managing Director / Chief Executive Officer | |

5. Payment Instruction :-

I hereby authorize QBE Insurance (Malaysia) Berhad to charge my credit card for the amount of premium as indicated above.

Upon expiry of the above professional indemnity insurance, I hereby authorize QBE Insurance (Malaysia) Berhad to renew this policy until a written confirmation from me to stop this standing instruction.

| Credit Card Information | |
|--|---|
| Issuing Bank: | |
| Name as per the credit card: | |
| Card number: |  <input type="checkbox"/>  <input type="checkbox"/> |
| Card Expiry Date: | / mm/yy |
| Cardholder's signature (as per credit card's specimen) | Date |

IMPORTANT NOTICE

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.

Claims Made Contract

Subject to its terms and conditions the policy will cover your legal liability for any claim:

- First made against you during the policy period;
- Resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the policy period.

The policy will not cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

Change of Risk or Circumstances

You should advise Marsh as soon as practicable of any change to your normal business as disclosed to the insurer prior to entering into the contract of insurance. This includes every change materially affecting the facts or circumstances existing at the commencement of this insurance, or at any subsequent renewal date.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for or contribute towards any loss or damage which is covered by the Policy, that you will not seek to recover such loss or damage or contribution from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage or contribution.

ADDITIONAL INFORMATION

1. This is a master program for PRULIA Professional indemnity Insurance. The period of insurance for the master program is 1st July 2012 – 30th June 2013.

Each member will have a common expiry date of 30th June 2013 irrespective of the date of inception of each member.

2. Limit of Indemnity: The PRULIA program for all members that elect to take up insurance will have a **total policy aggregate Limit of Indemnity of RM15,000,000.**
3. Each member can choose either of the following Limits of Indemnity:
Option (i) RM 200,000 Each and Every Claim & in the Annual Aggregate
Option (ii) RM 500,000 Each and Every Claim & in the Annual Aggregate
4. **Deductible:** The deductible for each member is **RM 1,000** per claimant.
5. **Annual Premium:**
Option (i) RM212
Option (ii) RM318
6. **Premium after January 2013:**
Option (i) RM106
Option (ii) RM159

For more information, please contact
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