

## Proposal Form

# Comprehensive General Liability Insurance

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at [www.pidm.gov.my](http://www.pidm.gov.my).

### IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION

#### Non-Consumer Insurance Contract

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Non-Consumer Insurance Contract 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.

#### IMPORTANT:

- I. *Signing of this Proposal does not bind the Company to offer or the Proposer to accept, Insurance, but it is agreed that this Proposal shall be the basis of any insurance issued.*
- II. *If there is insufficient space to complete the Proposal, please attach additional sheets.*

**Please use BLOCK letters and CROSS (X) in appropriate box**

#### A. ABOUT THE PROPOSER

1. Proposer (herein referred to as "You" or "Your"):	
2. Your address:	
3. General description of your business:	
4. How long have you been in this business?	year(s) and since:
5. Your annual turnover	Your financial year ends:

Last Financial Year (RM)	Current financial year's projection (RM)	Next financial year's projection (RM)

6. Number of staff force: _____	Technical: _____	Non-Technical: _____
7. Since commencement of your business, has there ever been any occurrence (incident/accident) in the course of carrying on your business?	Yes ( )	No ( )
a. If "Yes", please state the date and detail the nature of such occurrence(s):		

b. Has anyone (other than your employee) made a claim against you for injury, death or property damage because of such occurrence(s)?		Yes (    )    No (    )
If "Yes", please provide details as follows:		
<b>Occurrence</b>	<b>Claimant's name and amount of compensation demanded (RM)</b>	<b>Status of claim(s)</b>
1.		
2.		
3.		
<b>B. ABOUT THE CONTRACT FOR WHICH THIS PROPOSED INSURANCE IS REQUIRED</b>		
1. Contract (sub-contract) title:	(As per letter of awards)	
2. Contract (sub-contract) number:		
3. Date of commencement of the works / services:		
Date of completion of the works / services:		
4. General description of the works / services:	(Please attach the detailed scope of works / services)	
5. Are you the main contractor or sub-contractor?		
a. <b>If you are the main contractor:</b>		
i. Who is the owner of the project or the works (or services) for which you have contracted to carry out?		
ii. Is the owner required to be included as an additional insured in this proposed insurance policy?		Yes (    )    No (    )
iii. Do you engage any sub-contractor to carry out the works (or services)?		Yes (    )    No (    )
If "Yes", please provide details as follows:		
<b>Name of the sub-contractor(s)</b>	<b>Nature of the sub-contract works</b>	
1.		
2.		
3.		
iv. The Contract Value: RM _____		
b. <b>If you are the sub-contractor:</b>		
i. Name of the contractor with whom you have sub-contracted to carry out the works (or services):		
ii. Is the aforesaid contractor required to be included as an additional insured in this proposed insurance policy?		Yes (    )    No (    )
iii. Who is the owner of the project or the works (or services) for which the aforesaid contractor have contracted to do?		
iv. The Sub-contract Value: RM _____		

6. List additional parties to be included as additional insureds in this proposed insurance policy:

7. Number of staff force deployed for this works / services      Technical: \_\_\_\_\_ Non-technical: \_\_\_\_\_

8. Your previous experience in the similar works / services:

No.	Contract/Project title and the name of the owner	Contract Value (RM)	Completion Date
1			
2			
3			

9. Location(s) of the works / services:

Please tick ( ✓ ) if the works or services will be carried out at / within any of the following sites and please also state approximately the percentage ( % ) of the total works or services being carried out at / within such site(s):

	Site	Tick	%		Site	Tick	%
a	Offshore			b	Onshore oil / gas well or field		
c	Refinery			d	Oil / gas processing plant		
e	Oil / gas tank farm			f	Oil / gas terminal or depot		
g	Petrol station			h	Petrochemical plant		
i	Fertilizer plant			j	Oleo chemical plant		
k	Bio-diesel / Bio-fuel plant			l	Other chemical plant - <i>please specify:</i>		
m	Palm oil processing plant / refinery			n	Cement plant		
o	Power plant			p	Iron & steel mill / smelting plant		
q	Steel fabrication yard			r	Pharmaceutical manufacturing plant		
s	Other manufacturing plant – <i>please specify:</i>			t	Land fill		
u	Water treatment plant			v	Shipyard		
w	Sea port, terminal or jetty			x	River port or jetty		
y	Airside			z	Airport terminal		

List the surrounding property within 250 metres of the location of works / services:

Left	Right
Front	Rear

10. Please tick ( ☐ ) if the works or services involve any of the following (whether by you or your sub-contractor) and please also state approximately the percentage ( % ) of the total works or services involving as such:

	Type	Tick	%		Type	Tick	%
a	Hot works (including but not limited to welding)			b	Pipeline laying		
c	Piling and foundation works			d	Use of crane or lifting equipment		
e	Use of specialised tool, equipment or machine - <b><i>please specify:</i></b>			f	Use of powered tools or equipment - <b><i>please specify:</i></b>		
g	Use of underwater machine or equipment			h	Use of compressor or pressure vessel		
i	Dismantling item or part weighs more than 50 kg at oil and gas offshore facilities			j	Use of any substance which is toxic, flammable or explosive - <b><i>please specify:</i></b>		
k	Use of excavators			l	Use of machine or equipment for demolition		
m	Sand blasting			n	Scald folding		

11. Is there any aggravated risk of fire or explosion? Yes ( ☐ ) No ( ☐ )

If "Yes", please give details:

12. Have you assumed liability under the contract agreement which would not otherwise attach to you? Yes ( ☐ ) No ( ☐ )

If "Yes", do you wish this proposed insurance to extend the cover against your assumed liability?

Yes ( ☐ ) No ( ☐ )

If "Yes", please provide the ***indemnity provision/clause*** of the contract agreement. Please take note that the Company may not grant you with this extension, or if granted, it may not cover all your assumed liabilities.

Yes ( ☐ ) No ( ☐ )

13. Have you started the works or services? Yes ( ☐ ) No ( ☐ )

If "Yes", please answer the following question:

a. When did you start and how much of the works or services have been completed?

b. Is there any insurance currently in force which also provides coverage afforded by this proposed insurance?

Yes ( ☐ ) No ( ☐ )

If "Yes", please provide the details as follows:

Name of the Insurer	Limit of Indemnity (RM)	Deductible (RM)	Expiry Date

c. Are you aware, ***AFTER ENQUIRY***, of any circumstance or occurrence which may give rise to a claim made against you? Yes ( ☐ ) No ( ☐ )

If "Yes", please detail:

### C. APPLICATION FOR COVER

1. Limit of Indemnity required: RM \_\_\_\_\_ Any One Occurrence

2. Deductible to be borne by you: RM \_\_\_\_\_ Any One Claim

3. Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_

4. Has any Insurer ever declined or cancelled or refused to renew your insurance or imposed special terms on you? If "Yes", please give details including name of such insurer:

PAYMENT METHOD	
Total Premium Paid: RM ..... Please select payment method.	
<input type="checkbox"/> Cash	
<input type="checkbox"/> JomPay      For payment via JomPay, please provide proof of payment.	
<div style="display: flex; align-items: center; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             Biller Code: 1388              Ref-1: Cover note No/Policy No/EndtNo              Ref-2: Agent Code/Name &amp; Contact No           </div> </div> <p style="font-size: 0.7em; margin-top: 5px;">JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account</p>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa      Card No.           </div> <div>Expiry Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> MasterCard                   <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">m</div> </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">y</div> </div> </div>	