

Proposal Form

Employer's Liability Insurance Proposal Form

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.

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 Consumer and 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.

or has changed.	with as any of the information given in this proposarion is inaccurate							
Please use BLOCK letters and CROSS (X) in appropriate box								
PARTICULARS OF PROPOSER								
Full Name:								
Date of Birth:	NRIC No.:							
Business Registration No: Tel. No (H/P): Tel. No (Office):	Army ID							
Address (Postal):								
Postcode:	City:							
State:	Country:							
Email:								
Business, Trade or Occupation:								

PARTIC	CULARS OF RISK TO BE INSU	RED					
1 Dario	d of incurance : From	to	(Both D	otos Inclusiva)			
1. Period of insurance: From to to (Both Dates Inclusive) Definitions The term "wages salaries and other earnings" means the employees' total remuneration including overtime value of board and lodging housing accommodation bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees' Provident Fund Contributions, Income Tax, Holidays with Pay or Contributory Pensions.							
			Estimated Total Annual	For office use			
Item No.	Occupations of Employees	Est. No. of Employees	wages, salaries and other earnings	Rate (%)	Premium	Classification No.	
1							
2							
3							
4							
5							
			TOTAL PREMIUM	RM			
3. Does the above Schedule include all persons in your employ? 4. Are you involved in manufacture, filling, breaking down of gun-powder, nitro-glycerine or any other explosives or toxic material? 5. (a) Are you involved in mining, processing, manufacturing, distributing, storage and/or removal of pure asbestos and/or products made entirely or mainly of asbestos? (b) Do you use products made entirely or mainly of asbestos? If Yes, please give details.							
6. Has any Insurance Company. (a) declined your proposal?							
7. Give full particulars for all injuries and/or death sustained by your employees during the past 3 years.							

PAYMENT METHOD					
Total Premium Paid: RM	Please select payment method.				
☐ Cash					
□ JomPay	For payment via JomPay, please provide proof of payment. Biller Code: 1388 Ref-1: Cover note No/Policy No/ Ref-2: Agent Code/Name & Cont JomPay online at Internet and Mobile Banking Current, Savings or Credit Card account	act No			
☐ Visa ☐ MasterCard	Card No. Expiry Date m m / y y				
Cardholder's Name:					
Date:	Cardholder's Signature:				
	ayable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any sub- s governing the application of such tax, as may be imposed or amended by the relevant authorities from				
PRIVACY NOTICE					
with our Privacy Notice, which ex	nd collected from you may be used and processed by us in order for us to provide our services in accorplains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our wor details. You may contact us for access to or correction of your Personal Data, or for any other que	ebsite/			
ACKNOWLEDGEMENT					
or made any misrepresentation I subsequent change to the inform	ers/information provided in this proposal form are true and correct and I/we have not withheld any information provided in this proposal. I/We shall undertake to notify the Company when there nation provided in this proposal form. I/We understand and acknowledge receipt of a copy of the Proposal has/have been made available to me/us. I/We acknowledge that the key contract terms have been adect understand the terms.	is any roduct			
Date	Proposer's Signature (If the Proposer is a company, authorised signature(s) and cho				
FOR AGENT / OFFICE USE					
Cover Note / Policy No.:					
Intermediary:					
Account No.:					
Remarks:					