

## **Proposal Form**

# **Equipment 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 <u>www.pidm.gov.my</u>.

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

#### **Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, you must take reasonable care to ensure that all your answers to the questions are to the best of your knowledge, full, complete, correct and honest. 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.

#### **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.

Please use BLOCK letters and CROSS (X) in appropriate box							
PARTICULARS OF PROPOSER							
Full Name:         Image:							
Business Registration No: Office Phone No:							
Address (Postal):							
Postcode: City:							
State: Country:							
Email:							
Business, Trade or Occupation:							

PARTICULARS OF RISK TO BE INSURED								
1. Period of insurance: From to			_ (Both Dates Inclusive)					
ltem No.	Identification or Registration Number	Make and Type	Carrying Capacity or Horse Power	Year of Manufacture	Engine No.	Chassis No.	Sum Insured (RM)	
1								
2								
3								
4								
5								
	TOTAL SUM INSURED:							
<ul> <li>2. Situation and occupation of Premises in respect of which cover is required.</li> <li>a) Situation of Risk:</li> <li>(b) Occupied as:</li> </ul>								
	equipment licensed for Traffic Act 1987?	road use and for whi	ch a Certificate of	Insurance is requi	ired under the	🗌 Yes	No	
	hat purpose will equipme	ent be used for?						
5. Are you the owner of the equipment?								
If No, please State name of owner.								
6. Is the equipment under								
Full Name of Financial Institution.								
7. Do yo	7. Do you have any other Policy covering the equipment now proposed for cover?							
If Yes, please give details.								
8. Has any Insurance Company.								
(a) declined your proposal?						🗌 No		
(b) refused renewal of your Policy?						🗌 Yes	🗌 No	
(c) red	(c) required and increased premium or imposed a special condition?							
If answer is 'Yes' for the above, please give details.								

 Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U))

 Address: Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur, Malaysia.

 Toll Free: 1-800-889-933
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 E-mail: customer@bsompo.com.my
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 Website: www.berjayasompo.com.my
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9. Give full particular of all losses during the past 3 years sustained by you in connection with any of the equipment you have possessed.

PAYMENT METHOD							
Total Premium Paid: RM	al 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/EndtNo Ref-2: Agent Code/Name & Contact No JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account					
☐ Visa ☐ MasterCard	Card No.	Expiry Date mm///y/y					
Cardholder's Name:							
Date:							
SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.							
PRIVACY NOTICE							
The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at <u>www.berjayasompo.com.my</u> for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.							
ACKNOWLEDGEMENT							
or made any misrepresentation I subsequent change to the inform	ers/information provided in this proposal form are true and correct ikely to affect the acceptance of this proposal. I/We shall undertak nation provided in this proposal form. I/We understand and ackn has/have been made available to me/us. I/We acknowledge that the understand the terms.	e to notify the Company when there is any owledge receipt of a copy of the <b>Product</b>					
Date	Proposer's Signature (If the Proposer is a compa	any, authorised signature(s) and chop)					
FOR AGENT / OFFICE USE							
Cover Note / Policy No.:							
Intermediary:							
Account No.:							
Remarks:							