

<p>1. What is the largest amount handled by any one employee at any one time ?</p> <p>(a) Cash (b) Cheques (c) Stocks (d) Others (Please describe below)</p>	
<p>2. Systems/procedures relating to :</p> <p>Cash/Cheques</p> <p>(a) The number of signatories required to authorise payments and description of such authorised signatories. (b) The number of persons authorised to sign cheques and number of authorised signatories required for each cheque. (c) From what sources will money reach the employees' hands ? (d) Are all monies received banked by the following morning? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', where are the money kept?</p> <p>(e) How often are bank reconciliation statements prepared ?</p> <p>(f) How often are bank books checked with Bank Statements, receipt counterfoils and vouchers, and any balance in hand by a responsible official independently of the persons making the Cash Book entries or paying into the Bank ?</p> <p>(g) Where employees are allowed to collect monies outside the office premises, are these accounted for daily ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', give details.</p> <p>(h) Are pre-numbered official receipts used as confirmation of the receipt of monies ? <input type="checkbox"/> Yes <input type="checkbox"/> No (i) How often are surprise cash counts on cash in hand including petty cash and unpaid wages, done by an employee independent of the cashier ? (j) If cheque signing machines are used, what are the laid down procedures to ensure that signatures are only applied to properly authorised cheques ? (k) At what intervals will statements of account be sent direct by post to all customers, independently of employees in a position to receive payment of an account ? (l) Will all wages be prepared or checked in every detail independently of employees who handled the wages? <input type="checkbox"/> Yes <input type="checkbox"/> No (m) If employees handle any funds other than Employer's money and such funds are to be covered by the Policy, give full particulars showing what steps will be taken to ensure that they are properly accounted for.</p> <p>3. Stocks</p> <p>(a) Nature of stocks (b) Frequency of stocktaking (c) Persons responsible to carry out stock checks (d) Are services of a professional firm employed for stock taking ? <input type="checkbox"/> Yes <input type="checkbox"/> No (e) Who keeps the stock records? (f) Please advise security regarding : • Check of inward goods • Releasing of stocks from stores</p>	
<p>4. Credit Card Facilities</p> <p>(a) If these facilities are given to employees, please state the names and designation of these employees. (b) Are these employees allowed to use these facilities for personal expenses ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state the method by which such expenses are identified and settled. (c) Which person(s) are responsible for verifying the statements received ?</p>	
<p>5. Please state the total number of salaried or wage-earning employees of all descriptions classified as follows :</p> <p>(a) Employees having responsibility for money and stock. I. Indoor employees (Executives, Managers, Cashiers, Clerk etc.) II. Outdoor employees (Salesman, Drivers etc.) (b) Employees not having responsibility for money and stock. Total :</p>	
<p>6. (a) Has it been your practice before engaging an Employee (other than those fresh from School and manual workers who will not be responsible for cash and stock) to satisfy yourself by written enquiry of previous Employers that the prospective Employee is of trustworthy character ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', give details. (b) Will such enquiries be made in respect of future entrants in your service ? (c) Will references obtained for employees be available in the event of a claim ?</p>	

<p>7. Are there any losses for the past three years ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give full details.</p> <p>8. Is your firm at present or has it in the past insured for any fidelity guarantee risks ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please state :- (a) Name of insurer(s) : (b) Amount Guarantee : (c) Gross Premium : (d) Period of Insurance :</p> <p>9. Has any insurance company : <input type="checkbox"/> Yes <input type="checkbox"/> No (a) Declined your proposal ? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Refused renewal of your Policy ? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Required an increased premium or imposed a special condition ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give full details.</p>	
<p>10. System of check :-</p> <p>(a) Is a good system of records maintained and is it up to date ? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Are the duties and authorities of each staff member clearly defined ? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Is the division of responsibilities between departments, section and individuals well defined so that no person handles a transaction from beginning to end ? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Are independent checks of work carried out in the accounting, cash and stock sections ? <input type="checkbox"/> Yes <input type="checkbox"/> No (e) Is there a proper system of authentication of vouchers for payments ? <input type="checkbox"/> Yes <input type="checkbox"/> No (f) Is there regular (at least once a month) balancing of cash and stock books and reconciliation with control records ? <input type="checkbox"/> Yes <input type="checkbox"/> No (g) Is there a strict system of cash receipts control ? <input type="checkbox"/> Yes <input type="checkbox"/> No (h) Is the system of daily bank deposits independently checked ? <input type="checkbox"/> Yes <input type="checkbox"/> No (i) Is there a proper control of bank account operations and cheque books ? <input type="checkbox"/> Yes <input type="checkbox"/> No (j) Is regular (at least monthly) bank reconciliations and checks of receipt counterfoils and vouchers made ? <input type="checkbox"/> Yes <input type="checkbox"/> No (k) Are the approval and control of bills received carried out by responsible staff ? <input type="checkbox"/> Yes <input type="checkbox"/> No (l) Is there a regular balancing and control of debtor accounts with statements sent regularly to all debtors ? <input type="checkbox"/> Yes <input type="checkbox"/> No (m) Is there a responsible control of credit notes by senior accounting staff ? <input type="checkbox"/> Yes <input type="checkbox"/> No (n) Are perpetual records for all categories of stock assets independently maintained by physical control ? <input type="checkbox"/> Yes <input type="checkbox"/> No (o) Is there a close supervision of storage and custody of all stocks maintained ? <input type="checkbox"/> Yes <input type="checkbox"/> No (p) Are all deliveries to and from stores properly authorised ? <input type="checkbox"/> Yes <input type="checkbox"/> No (q) Are all dealings in investments authorised by Board and is there a control of registers, certificates, etc ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', give full details :</p> <p>(r) Is capital expenditure controlled by the Board ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', give details :</p> <p>(s) Is there a regular independent system of internal audit of the activities of all persons to be insured ? <input type="checkbox"/> Yes <input type="checkbox"/> No (t) Is a full external audit (at least once annually) being carried out ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PAYMENT METHOD	
Total Premium Paid: RM	Please select payment method.
<input type="checkbox"/> Cash	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> JomPay </div> <div> For payment via JomPay, please provide proof of payment. </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; font-size: 0.8em;"> Biller Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No </div> </div> </div> <div style="text-align: right; font-size: 0.7em; margin-top: 5px;"> JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </div> <div style="text-align: center;"> Card No. [][][][] - [][][][] - [][][][] - [][][][] Expiry Date [m][m] / [y][y] </div> </div> <div style="margin-top: 10px;"> Cardholder's Name: Date: Cardholder's Signature: </div>	
SERVICE TAX (ST) - ST will be imposed on the applicable portion of the premiums due and payable.	
PRIVACY NOTICE	

The personal information including your personal, policy and financial details ("Personal Data") provided by and collected from you may be used and processed by us and our Group Companies¹ (within or outside Malaysia) in order for us to provide our services and to operate and manage our function as an insurance company. By signing on this proposal form, you consent to the use and processing of your Personal Data for the purposes as stated in our Privacy Notice. If you represent a body corporate, you have procured the necessary consent for our use and processing of the Personal Data provided by you for the purposes as stated in our Privacy Notice. Please refer to the Privacy Notice for details of your Personal Data privacy rights and our rights of disclosure, which is also available at our website at www.berjayasompo.com.my.

OPTION TO SUBSCRIBE TO CROSS-SELLING ACTIVITIES

You can extend your consent for us to use your Personal Data for cross-selling purposes within/with our Group Companies or our strategic business partners or selected third parties, by selecting: ☐ Yes ☐ No

Take note that you can always choose to opt out of the cross-selling activities as described above (including marketing campaigns by any of our Group Companies) at any time by contacting BSIB at the contact number stated above.

Note:

¹Group Companies refer to Sompo Holdings Group and Berjaya Group, of which BSIB is also an affiliate.

ACKNOWLEDGEMENT

I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the **Product Disclosure Sheet (PDS)** which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.

Date

Proposer's Signature
(If the Proposer is a company, authorised signature(s) and chop)

FOR AGENT / OFFICE USE

Cover Note / Policy No.:

Intermediary:

Account No.:

Remarks: