

Proposal Form

Fire 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: Imag	
Date of Birth:	NRIC No.:
Business Registration No: Tel. No (H/P):	Army ID Police ID Passport No
Tel. No (Office):	Other ID 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 Inclus	sive)		
2. Situation of Risk:					
3. Premises Occupied A	S:				
4. Name of Mortgagee/C	Chargee (if applicable):				
5. Construction of Building	ng:				
Construction	Construction 1A	Construction 1	В	Other Construction	
a) External Walls	Wholly Brick / Concrete	Partly Brick / Concrete of non-combustible and / or wholly of gla: for normal building use	materials ss certified	Other (please specify)	
b) Roof	Wholly Tiles / Concrete Non- combustible materials	Wholly non-combustib materials	le	Other (please specify)	
c) Floor	Concrete	Concrete		Other (please specify)	
6. (a) No. of Storeys:		(b) Year of Constru	uction:		
7. Are there any open-si	ded sheds attached to the building?		Yes 🗌 No)	
if yes, please indicate	floor area covered compared to total a	rea of main building.	Less than 2	0% 🔲 More than 20%	
THE PROPERTY TO BI	E INSURED		Γ		
1. a) Buildings (excludin b) Buildings (including	g foundation)		,	Amount to be Insured (RM)	
2. Rent @ mor	nths				
3. Plant and machinery					
4. Household goods & p	ersonal effects				
5. Stock-in-trade consist	ting of				
6. Furniture, fixtures and	fittings				
7. Removal of debris					
8. Architects, Surveyors	and Consulting Engineers fees				
9. Others (please specify	y)				
		Total sum insured :			

SECTION 1(A) - FIRE	
BASIC COVER: Fire and lightning (subject to terms and conditions of ADDITIONAL PERILS: On payment of an additional premium, the Poli if cover is required:	Policy) cy may be extended to cover the following perils. Please cross hereunder
Aircraft Damage	Earthquake & Volcanic Eruption
Impact Damage - excluding own vehicles	Storm & Tempest
Impact Damage - including own vehicles	☐ Flood
Water Damage due to bursting or overflowing of water tank,	Subsidence and Landslip (please complete supplementary
apparatus and pipes	Questionnaire)
Explosion - without boilers	Damage by Falling Trees or Branches & Object Therefrom
Explosion - with boilers	Riot, Strike and Malicious Damage
Others (please specify)	
GENERAL QUESTIONNAIRES	
1. (a) Is the building detached? (if so, please state distance of the nea Nearest Building	rest building, its construction and occupation)
Construction	
Occupation	
(b) Are you the tenant sumer assuming or non-assuming sumer of th	
(b) Are you the tenant, owner-occupier or non-occupying owner of the	
(c) If there are adjoining premises, please state construction and oc	cupation of the adjoining premises
2. (a) Is there any manufacturing process carried on therein?	∏ Yes ∏ No
If yes, please give details.	
(b) to ensure printing possible of the series	
(b) Is spray painting carried on therein?	
(c) Is powder spraying carried on therein?	☐ Yes ☐ No
(a) Anothene and Herendeus Trades consist on an Herendeus road	
(d) Are there any Hazardous Trades carried on or Hazardous good	s stored therein?
If yes, please give details.	
3. What is the nature of goods stored in the premise?	
A lo there any other incurrence on the come many study from O.Y.	and give name (a) of the incurrence
 Is there any other insurance on the same property in force? if so, pl company(ies) and amount(s) insured. 	ease give name(s) of the insurance

5. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms or increased premium by any other insurance company?	Yes No
If yes, please give details.	
 (a) Have you ever sustained a loss by fire or any other peril included in this proposal at this or any other premises owned or occupied by you? 	Yes No
If yes, please give details.	
(b) Was the loss insured?	Yes No
If yes, please give details.	
7. Please state the type, make and number of Fire Fighting Equipment/Extinguishers installed in the premises.	
Туре	
Make	
Number PAYMENT METHOD	
PATMENT METHOD	
Total Premium Paid: RM Please select payment method	
Total Premium Paid: RM Please select payment method.	
Total Premium Paid: RM Please select payment method. Cash	
Cash JomPay For payment via JomPay, please provide proof of payment.	er Code: 1388
Cash Cash Source cover payment methods For payment via JomPay, please provide proof of payment.	1: Cover note No/Policy No/EndtNo 2: Agent Code/Name & Contact No
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Cash JomPay For payment via JomPay, please provide proof of payment. Image: Second second payment with the payment of	1: Cover note No/Policy No/EndtNo 2: Agent Code/Name & Contact No Internet and Mobile Banking with your or Credit Card account y y
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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: