

PARTICULARS OF RISK TO BE INSURED

1. Period of insurance : From _____ to _____ (Both Dates Inclusive)

2. Situation and occupation of Premises in respect of which cover is required.

3. Type of Residence

☐ Detached Private Dwelling House

Please state the distance away from the nearest building (excluding small out-houses)

☐ Non-detached Private Dwelling House☐ Flat/Apartment/Condominium☐ Other

If other, please give details.

4. Construction of Building:

Construction	Construction 1A	Construction 1B	Other Construction
a) External Walls	<input type="checkbox"/> Wholly Brick / Concrete	<input type="checkbox"/> Partly Brick / Concrete and partly of non-combustible materials and / or wholly of glass certified for normal building use	<input type="checkbox"/> Other (please specify) <div></div>
b) Roof	<input type="checkbox"/> Wholly Tiles / Concrete Non-combustible materials	<input type="checkbox"/> Wholly non-combustible materials	<input type="checkbox"/> Other (please specify) <div></div>
c) Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other (please specify) <div></div>

5. (a) No. of Storeys:

(b) Year of Construction:

6. Name of Mortgagee/Chargee (if applicable):

7. Is the dwelling occupied solely by your and your family and servants?

☐ Yes ☐ No

If no, state number of other tenants, lodgers, boarders or paying guests. _____

8. Will the dwelling regularly be left unoccupied? Attention is drawn to a Proviso in the Policy that cover against Theft will be suspended for any period or periods in excess of 90 days in any one period of insurance during which the dwelling be left without an inhabitant therein unless specially agreed to by the Company.

☐ Yes ☐ No

9. Are the buildings in a good state of repair and will they be so maintained?

☐ Yes ☐ No

PROPERTY TO BE INSURED

The SUM to be insured must represent FULL VALUE of the property, the Proposer being required to sign a declaration to that effect below. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

SECTION I - BUILDING

The proposer's Private Dwelling House or Flat and all the Domestic Offices, Stables, Garages and Outbuildings used solely in connection therewith and on the same premises including fixtures and fittings therein and the walls, gates and fences around and pertaining thereto.

Total Sum Insured on Building: RM _____

SECTION II - CONTENTS

On Household Goods and Personal Effects of every description (except as after mentioned) the property of the Proposer of any member of the Proposer's family and domestic staff normally residing with the Proposer in the Proposer's Private Dwelling and all the Domestic Office, Stables, Garages and Outbuildings used solely in connection therewith and on the same premises.

No one article (Furniture, Pianos, Household Appliances, Wireless and Television Sets and Organs excepted) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said Contents unless such articles is specially declared as a separate item.

Specify here any such articles of greater value than five (5) per cent of the Total Sum Insured on the said Contents.

1.	
2.	
3.	
4.	
5.	

Total Sum Insured on Contents: RM _____

IMPORTANT NOTE

1. The value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under the Policy is limited to one-third of the Total Sum Insured on Contents.
2. This Policy is for Private Dwellings and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes. No manufacture or deposit or storage of merchandise may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms a part.
3. This Policy does not cover property more specifically insured or, unless specially mentioned herein:-
Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medals and Coins, Motor Vehicles and Accessories.

PAYMENT METHOD

Total Premium Paid: RM Please select payment method.

☐ Cash

☐ JomPay For payment via JomPay, please provide proof of payment.



Bill 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

Card No.

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Expiry Date

□ m □ m / □ y □ y

☐ MasterCard

Cardholder's Name:

Date:

Cardholder's Signature:

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 www.berjayasompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.

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: