

Proposal Form

Houseowner/Householder 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 www.pidm.gov.my.

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:			
Date of Birth:	NRIC No.:		
Business Registration No:	☐ Army ID		
Tel. No (H/P):	ID Type: Passport No		
Tel. No (Office):	Other ID No.		
Address (Postal):			
Postcode:	City:		
State:	Country:		
Email:			
Business, Trade or Occupation:			

PARTICULARS OF RIS	K 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 Buildin	ng:			
Construction	Construction 1A	Construction 1B	Other Construction	
a) External Walls	☐ Wholly Brick / Concrete	Partly Brick / Concrete and partly of non-combustible materials and / or wholly of glass certified for normal building use	Other (please specify)	
b) Roof	☐ Wholly Tiles / Concrete Non- combustible materials	☐ Wholly non-combustible materials	Other (please specify)	
c) Floor		☐ Concrete	Other (please specify)	
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?				
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.				
9. Are the buildings in a good state of repair and will they be so maintained?				

10.	Is there any profession, business or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms a part?	☐ Yes	□No
	If yes, please give details.		
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11.	Subject to the payment of additional premium, is insurance required against:		
	(a) (i) Full Theft excluding Theft by Domestic Servant(s) (under Contents only) Or (ii) Full Theft including Theft by Domestic Servant (s) (under Contents only)	☐ Yes ☐ Yes	□ No □ No
		□ 100	
	(b) Riot, Strike and Malicious Damage (under Buildings and Contents)?	☐ Yes	□No
	(c) Accidental Damage to Plate Glass (under Buildings only)?	☐ Yes	□No
	(d) Rent Insurance in excess of 10% of the Total Sum Insured on Building and/or Contents?	☐ Yes	□No
12.	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.		
13.	Have the Buildings and/or Contents suffered damage by hurricane, cyclone, typhoon, windstorm or flood during the past 5 years?	☐ Yes	□No
	If yes, please give details.		
11	Have you ever sustained loss from any of the herein mentioned perils, other than those referred to in (13)		
14.	above?	☐ Yes	□No
	If you placed give details		
	If yes, please give details.		
15.	Have you any other policies in force covering any of the contingencies to be insured against?	☐ Yes	□No
	If yes, please give details.		
16.	Is there any other insurance on the same property in force?	☐ Yes	□No
	If yes, please give the name(s) of the insurance company(ies) and amount(s) insured.		
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17.	(a) During your occupancy of the premises have there been any entry or attempted entry by thieves?	☐ Yes	□No
	If yes, please state when and how access was obtained or attempted.		
	in yes, please state when and now access was obtained or attempted.		
	(b) Is any Burglar Alarm system fitted?	☐ Yes	□No
	If yes, please give details.		
	(c) Is your premises door & window fitted with iron grilles?	☐Yes	□No
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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: F	M		
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.			
	, Household Appliances, Wireless and Television Sets and Organ Sum Insured on the said Contents unless such articles is special		
Specify here any such articles of	greater value than five (5) per cent of the Total Sum Insured on t	he said Contents.	
1.			
2.			
3.			
4.			
5.			
Total Sum Insured on Contents:	RM		
IMPORTANT NOTE			
 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. 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. 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 paymen	t 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	Card No.	Expiry Date	
☐ MasterCard			
Cardholder's Name:			
Date:			
	ayable by you shall be subjected to service tax pursuant to the Sers governing the application of such tax, as may be imposed or am		

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.

	(If the Proposer is a company, authorised signature(s) and chop)
FOR AGENT / OFFICE USE	
Cover Note / Policy No.:	
Intermediary:	
Account No.:	
Remarks:	

Proposer's Signature:

Date: