## **Proposal Form**

## **Product Liability 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

## **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 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						
DETAILS OF PROPOSER						
Name of Proposer (in full):						
Address (Postal):						
Image: Constraint of the						
Business/Occupation: Business Registration No:						
Individual, co-partnership or corporation:						
1. You are a MANUFACTURER IMPORTER DISTRIBUTOR EXPORTER						
OTHERS (PLEASE SPECIFY):						
2. (a) How many years have you been in business under the present name?						
(b) Have you or your principals ever been engaged in this or similar enterprises under a different name?						
If 'Yes', please give full details:						
3. (a) Location of factories or stores at which products are manufactured.						
(b) Location of factories or stores from which products are distributed.						
4. (a) Give complete description of the products which are manufactured, sold, distributed by the applicant.						
(b) Of what materials or principal components are each of these products composed?						

(c) Total number of products manufac	ctured annually.			
* Please attach all printed mater	rials describing the products.			
5. Do you manufacture the complete produ	ucts?		🗌 Yes	🗌 No
If 'No', what component parts are pur	chased by you?			
6. Do you assemble the products?			🗌 Yes	No
7. Do you supervise the assemble of the p	roducts?		🗌 Yes	🗌 No
8. Do you maintain and/or service the prod	lucts?		🗌 Yes	No
If 'Yes', please give full details, includ	ling copy of your standard writ	ten service	contract	
9. Do you maintain quality control procedu	res?		🗌 Yes	No
If 'Yes', set forth a brief outline of suc	ch procedures.			
10. Do you maintain complete inventory rec consignees and/or serial and/or batch and on shipment invoices?	numbers reflected on the finishe	ed product	☐ Yes	□ No
11. Can the date of manufacture of each p stamped on it?	product be identified by the facto	ry number	Yes	□ No
12. Do you keep samples of products involv		ures?	☐ Yes	□ No
If 'Yes', how long are samples retaine 1 Year 2 Years		4	Vaara 🗆	
1 Year     2 Years       13. Has your product ever been subject Government Agency concerning the ef contents, or safety?		n by any	Years 🗌	5 Years
If 'Yes', please give full details and re 14. Has your product complied with applic		set by the	∏Yes	□ No
respective government department?				
If 'No', please explain.	or ordered to be removed from t	he market		
by any government authority because of		ne market	🗌 Yes	No
lf 'Yes', please give full details.				
16. What are the dates of your firm's financi	al year? F	rom	to	
17. Set forth annual total gross sales as to e	each product.			
(a) Last Financial Year (audited)	RM	From	to	
(Please attach copies of the audited a	annual report)			
(b) Estimate for Current Financial Year	RM	From	to	
(c) Estimate for Next Financial	RM	From	to	

18. Set forth the percentage (%) distribution of each product by country of destination.					
Product Insured	Product Insured Country		% Of Distribution		
19. Are you affiliated in any manner with any of yo	our suppliers or distributors?	☐ Yes	No		
If 'Yes', please give full details.					
20. (a) Is original installation of such products r	nade by your employees?	☐ Yes	□ No		
(b) If 'No', does the installer supply parts	s not manufactured by you?	Yes	🗌 No		
21. Do you issue guarantees and/or warranties to	purchasers?	☐ Yes	No		
If 'Yes', for what period do you guarantee a	and/or warrant your products?				
Set forth full details and attach copy of you	r form of guarantee and/or warranty.				
22. Do you agree to hold your dealers or distribu or suits for personal injuries or property dama		☐ Yes	No		
If 'Yes', please provide copies of all hold harmless and indemnity agreements with your dealers, distributors and firms.					
23. Are your products accompanied by any wri written statements?	tten brochures, instructions or other	Yes	□ No		
If 'Yes', please provide copies of the broch	ures, instructions or written stateme	ents.			
24. Have you ever been sued or has any clai connection with any of your products, whethe of this application for insurance?		Yes	No		
If 'Yes', state date and nature of claim or suit whether pending or resolved, and if resolved, manner of such					
resolution.					
25. Is your company at present or has it in the risks?	past insured for any products liability	☐ Yes	No		
If 'Yes', please state: -					
<ul><li>a) Name of insurer(s)</li><li>b) Limit of indemnity</li></ul>					
c) Gross Premium					
d) Deductible					
e) Period of insurance					
f) Extension (if any)					
26. Has any application for insurance for produc such insurance been cancelled or renewal imposed?		☐ Yes	□ No		
If 'Yes', please give full details.					
			b) PM		
27. What amount of insurance indemnity do you r	equire (list alternatives, if desired)?	a) RM	b)RM		

Current, Sawings or Credit Card account  Septing date  AnsterCard  Card No.  Expiry date  Cardholder's Name:  Cardholder's Name:  Cardholder's Signature:  Cardholder's Name:  Cardholder's Signature:  Cardholder's Policy No::  Intermediary: Account No::  Cardholder's Signature:  Cardholder's Signature:  Cardholder's Signature:  Cardholder's Signature:  Cardholder's Signature:  Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Cardholder's Signature: Card	28. Are you aware of any incidents, occurrences, or circumstances in connector involving products which are the subject of this application that are likely in claims against you?		s 🗌 No				
If Yes', please provide full details.  30. Do you have a legal department?  30. Do you have a legal department authorities from time application of such tax, as may be imposed or amended by the relevant authorities from time application, order or usel to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to ou	If 'Yes', please provide full details.						
If Yes', please provide full details.  30. Do you have a legal department?  30. Do you have a legal department authorities from time application of such tax, as may be imposed or amended by the relevant authorities from time application, order or usel to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to ou							
30. Do you have a legal department?       Ives       No         a) Name       Designation       Designation         c) Designation       Tel No         Please select payment method.         Cash       Ivest and the second payment in the second payment.         Visa       Cardholder's Name:       Ivest and the second payment is a former of the second payment.         Visa       Cardholder's Name:       Ivest and the second payment is a former of the second payment.         Strict Card       Ivest and the second payment is a former of the second payment.       Expire date         Strict Card       Ivest and the second payment is a former of the second payment.       Ivest and the second payment is a former of the second payment.         Visa       Cardholder's Name:       Ivest and payment pa	29. Have you acquired any entities within the last 5 years?	□ Yes	s 🗌 No				
a) Name b) Designation c) Tel No PAYMENT METHOD Total Premium Paid: RM	lf 'Yes', please provide full details.						
a) Name b) Designation c) Tel No PAYMENT METHOD Total Premium Paid: RM	20 De veu have e legal department?						
b. Designation c) Tet No PAXMENT METHOD Coatal Premium Paid: RM							
PAYMENT METHOD         Total Premium Paid: RM       Please select payment method.         Cash							
Total Premium Paid: RM       Please select payment method.         Cash	c) Tel No						
Total Preliment Path: Note	PAYMENT METHOD						
Implement       For payment via JomPay, please provide proof of payment.       Implement of the payment via JomPay, please provide proof of payment.         Implement       Implement via JomPay, please provide proof of payment.       Implement via JomPay, please provide proof of payment.         Implement       Implement via JomPay, please provide proof of payment.       Implement via JomPay via Jone Payment via JomPay via Jone Payment via JomPay via Jone Payment via Jone Payment via Jone Payment via Jone Payment.         Implement       Implement via Jone Payment via Jone Pa	Total Premium Paid: RM Please	select payment method.					
Implement       For payment via JomPay, please provide proof of payment.       Implement of the payment via JomPay, please provide proof of payment.         Implement       Implement via JomPay, please provide proof of payment.       Implement via JomPay, please provide proof of payment.         Implement       Implement via JomPay, please provide proof of payment.       Implement via JomPay via Jone Payment via JomPay via Jone Payment via JomPay via Jone Payment via Jone Payment via Jone Payment via Jone Payment.         Implement       Implement via Jone Payment via Jone Pa	□ Cash						
Image:	For payment via JomPay, please provide proof of payment.     For payment via JomPay, please provide proof of payment.     Section 2.1     Section 2.2     Section 2.2						
MasterCard       Image: I	☐ Visa Card No.						
Date:       Cardholder's Signature:         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 <u>www bergavasompo.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         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 understate to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.         Date:	MasterCard						
Date:       Cardholder's Signature:         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 <u>www bergavasompo.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         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 understate to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.         Date:							
Date:							
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.berjavasompo.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.:	Date: Cardholder's S	Signature:					
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  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 <b>Product Disclosure Sheet (PDS)</b> 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:	legislations, orders or regulations governing the application of such tax, as ma	legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time					
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.berjayasompc.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  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:	PRIVACY NOTICE						
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.:	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						
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 <b>Product Disclosure Sheet (PDS)</b> 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:	ACKNOWLEDGEMENT						
(If the Proposer is a company, authorised signature(s) and chop) FOR AGENT / OFFICE USE Cover Note / Policy No.: Intermediary: Account No.:	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 <b>Product Disclosure Sheet (PDS)</b> which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately						
Cover Note / Policy No.: Intermediary: Account No.:		-	horised signature(s) and chop)				
Intermediary: Account No.:	FOR AGENT / OFFICE USE						
Account No.:							
		•					
	Remarks:						