



**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.

(a) Situation of Risk

(b) Occupied as

3. Please state Limits of Indemnity required.

(a) For any one accident

RM \_\_\_\_\_

(b) For the period of insurance

RM \_\_\_\_\_ Or ☐ Unlimited

4. Do you have any Policy covering any of the contingencies to be insured?

☐ Yes ☐ No

*If yes, please give details.*

5. Has any Insurance Company.

(a) declined your proposal?

☐ Yes ☐ No

(b) refused renewal of your Policy?

☐ Yes ☐ No

(c) required and increased premium or imposed a special condition?

☐ Yes ☐ No

*If answer is 'Yes' for the above, please give details.*

6. Have any claims been made upon you during the last 3 years in respect of injuries to persons or for damage to property of third parties?

☐ Yes ☐ No

*If yes, please give details and amounts paid.*

PAYMENT METHOD	
Total Premium Paid: RM .....	Please select payment method.
<input type="checkbox"/> Cash	
<input type="checkbox"/> JomPay           For payment via JomPay, please provide proof of payment. <div style="float: right; text-align: right; padding-top: 10px;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             Biller Code: 1388              Ref-1: Cover note No/Policy No/EndtNo              Ref-2: Agent Code/Name &amp; Contact No           </div> </div> <div style="clear: both;"></div> <div style="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.  <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: -20px;"> <div style="text-align: center;">             Expiry Date  <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>             /              <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>	
Cardholder's Name: .....	
Date: ..... Cardholder's Signature: .....	
<b>SERVICE TAX</b> - 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 <a href="http://www.berjayasompo.com.my">www.berjayasompo.com.my</a> 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.	
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div>Date .....</div> <div>             Proposer's Signature .....  <i>(If the Proposer is a company, authorised signature(s) and chop)</i> </div> </div>	
FOR AGENT / OFFICE USE	
Cover Note / Policy No.:	
Intermediary:	
Account No.:	
Remarks:	