

Proposal Form

SOMPO SME 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 Image: Im					
Date of Birth:	NRIC No.:				
Business Registration No: Tel. No (H/P): Tel. No (Office):	Army ID Police ID Passport No 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 Inclusive)							
2. Loc	ation of Risk:						
3. Con	struction of Building	: Wall			Roof		
			Metal		☐ Tiles [☐ Others		te 🗌 Metal Sheet
	ure of Business:						
	No. of Storeys:			(b) Year of C	construction:		
SECT	ION 1 (A) - FIRE (Co						
		Building (Excluding Founda	tion)		RM		
		Furniture, fixtures & fittings				RM	
	ption of Interest d & Sum Insured	Stock In Trade				RM	
Insure	a & Sum Insured	Plant, Machinery & Equipm	ent			RM	
		Others (Please specify)				RM	
					Total	RM	
Specia	al Perils / Extensions	(please select)					
🗌 Aire	craft Damage			Subsiden	ce & Landslip		
🗌 Ea	rthquake and volcan	ic		Impact Date	amage (Including O	wn Vehicle	es)
□ Sto	orm Tempest			Impact Date	amage (Excluding C	wn Vehic	les)
□ Flood □ Riot Strike and Malicious Damage							
🗌 Exp							
Explosion (Non-Industrial with Boilers) Sprinkler Leakage (Building)							
Explosion (Industrial without Boilers)							
Explosion (Non-Industrial without Boilers) Damage by Falling Trees or Branches and Objects Therefrom					and Objects Therefrom		
Bursting or overflowing of water tanks, apparatus or pipes					apparatus or pipes		
,	ilding > 5 stories)			, , , , , , , , , , , , , , , , , , ,			
Electrical Installations Clause (B) Others:							
SECTION 1 (B) - TERRORISM (Optional) Coverage for losses or damage resulting from acts of terrorism							
Limit (please select)							
SECTION 2 - MISCELLANEOUS SPECIAL PACK (Compulsory)							
	Benefits] Plan 1	🗌 Plan 2		Plan 3 (Open)
				Sum Insure		(RM)	
А	Money Money In Transit Money In Premise	S		15,000 15,000	30,000 30,000		
В	Fidelity Guarantee			10,000	15,000		
С	Plate Glass			10,000	20,000		
D	Public Liability		500,000		1,000,000		
E	Employer's Liability 1,000,000 1,000,0		1,000,000				
F	Burglary		20,000		40,000		

G	All Risks (restricte	ed to accidental damage only)	;	30,000	50,000				
Н	Group Personal A	Accident (up to 12 employees)		15,000 employee	20,000 per employe	е			
Total Annual Premium for Section 2		488		798		Premium computed based on sum insured provided by Insured			
SECT	ON 3 - MISCELLA	NEOUS OPTION PACK (Option	al)						
A. Fire	e Consequential L	oss							
		Gross Profit / Revenue / Re	ental			RM			
Description of Interest Insured &		Auditor's Fee				RM	RM		
	be Insured	Additional Increased Cost of Working				RM	RM		
		Others					RM		
Indem	nity Period required	l 🗌 6 n	nonths	1	2 months	🗌 18 r	nonths		
В. Еq ι	ipment Insurance	•							
Sun	n Insured Required	(please select)	130,000	🗌 R	M50,000				
С. Ма	chinery Breakdow	n							
Sun	n Insured Required	(please select)	150,000	🗌 R	M100,000				
D. Dir	ectors & Officers I	_iability							
Lim	it of Liability Requir	ed (please select)	1200,000	🗌 R	M400,000		800,000		
PREM		N							
	Coverage	Description					Premium (RM)		
s	Section 1(A)	Fire							
s	Section 1(B)	Terrorism							
	Section 2	2 Miscellaneous Special Pack							
	Section 3 Miscellaneous Option Pack		ck						
				8% Service Tax	1				
					Stamp Duty	,	10.00		
				TOTAL P	AYABLE PREMIUM				
GENE	RAL QUESTIONN	AIRES							
1. Is th	nere any other insur	ance on the same property in for	ce?				Yes No		
lf ye	es, please state								
		Company							
(b) Amount Insured RM									
(c) Period of cover From To									
2. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms or increased premium by any other insurance company?									
If yes, please give details.									
3. Have you ever sustained any loss or incurred any claims in the last three (3) years in respect of the risks being									
covered?									

PAYMENT METHOD					
Total Premium Paid: RM	Please	select payment	method.		
Cash					
☐ JomPay	For payment via JomPay, please provide proof o	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 ☐ MasterCard	Card No.	-	Expiry Date m m / y y		
Cardholder's Name:					
Date:	Cardholder's S	ignature:			
	ayable by you shall be subjected to service tax pures s governing the application of such tax, as may be				
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.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 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:	······································	er's Signature: oposer is a comp	 pany, authorised signature(s) and chop)		
FOR AGENT / OFFICE USE					
Cover Note / Policy No.:					
Intermediary:					
Account No.:					
Remarks:					