

Proposal Form

Single Clinical Trial 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**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 READ THE FOLLOWING NOTE BEFORE YOU COMPLETE THE PROPOSAL**1. CLAIMS MADE POLICY**

Claims made insurance only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

2. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

IMPORTANT

1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by an executive director or senior officer of the Proposer.
4. If you have a brochure about your operation(s), please forward a copy with this application.
5. The Applicant will be referred to in this Proposal as "You" or "Your".

Please use BLOCK letters and CROSS (X) in appropriate box

1.	Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy): (Hereinafter the applicant will be referred to as "You" or "Your")
2.	Principal Address:
3.	Address(es) of branch offices or other locations.
4.	Description of Business
5.	<div>a) Date on which the Practice was established:</div> <div>b) Business Registration Number/NRIC No</div> <div>c) GST Registration number</div>
6.	<div>Please supply the following details. <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Is the trial conducted in full accordance with:</div> <div>(a) Department of Health requirements with protocols approved by an independent Ethics Committee? If you have answered to 'No', please supply details.</div> <div>(b) Royal College of Physicians recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered to 'No', please supply details</div> <div>(c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered to 'No', please supply details.</div> <div>(d) E.C. guidelines on Good Clinical Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered to 'No', please supply details.</div>
7.	<div>If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>If you have answered to 'No', please supply details.</div>
8.	Give details of serious adverse events during the last 5 years resulting in death, injury, disease or illness (physical or mental) to research subjects, and any circumstances which have given or might give rise to a claim against you in connection with the Trial/Trial drug(s), procedures for which coverage is sought hereon.

9.	Please attach a copy of: (a) Protocol (b) Patient/volunteer information (if not incorporated into the Protocol) (c) Patient/volunteer consent form (if not incorporated into the Protocol) (d) Any hold harmless agreement/ contract indemnities with other parties (if applicable)
10.	Limit of Insurance required: RM

PAYMENT METHOD	
Total Premium Paid: RM	Please select payment method.
<input type="checkbox"/> Cash	
<input type="checkbox"/> JomPay <div style="float: right; text-align: right;">  <div style="border: 1px solid black; padding: 2px;"> Billor Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No </div> </div> <p style="font-size: small;">JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account</p>	
<input type="checkbox"/> Visa <div style="margin-left: 100px;">Card No. - - - </div> <input type="checkbox"/> MasterCard <div style="margin-left: 100px;">Expiry Date / </div>	<div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 0 5px;"> </div> <div style="border: 1px solid black; padding: 0 5px;"> </div> <div style="border: 1px solid black; padding: 0 5px;"> </div> <div style="border: 1px solid black; padding: 0 5px;"> </div> </div>
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.berjaysompo.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:	