BERJAYA SOMPO INSURANCE

Proposal Form

Workmen's Compensation 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 use BLOCK letters and CROSS (X) in appropriate box

PARTICULARS OF PROPOSER

Full Name:	

Date of Birth:	NRIC No.:
Business Registration No:	ID Type: ☐ Army ID ☐ Police ID ☐ Passport No. _____ ☐ Other ID No. _____
Tel. No (H/P):	
Tel. No (Office):	

Address (Postal):

Postcode:	City:
State:	Country:

Email:

Business, Trade or Occupation:

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U))
Address: Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur, Malaysia.
Toll Free: 1-800-889-933 | E-mail: customer@bsompo.com.my | Website: www.berjayasompo.com.my

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(WC0123)
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PARTICULARS OF RISK TO BE INSURED

1. Period of insurance: From _____ to _____ (Both Dates Inclusive)

Definitions
The term "wages salaries and other earnings" means the employees' total remuneration including overtime value of board and lodging housing accommodation bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees' Provident Fund Contributions, Income Tax, Holidays with Pay or Contributory Pensions.

Item No.	Occupations of Employees	Est. No. of Employees	Estimated Total Annual wages, salaries and other earnings	For office use		
				Rate (%)	Premium	Classification No.
1						
2						
3						
4						
5						
			TOTAL PREMIUM	**RM**		

2. Place of Employment. In respect of Contract works, please state Title of Contract.

3. Does the above Schedule include all persons in your employ? ☐ Yes ☐ No

4. Are you involved in manufacture, filling, breaking down of gun-powder, nitro-glycerine or any other explosives or toxic material? ☐ Yes ☐ No

5. (a) Are you involved in mining, processing, manufacturing, distributing, storage and/or removal of pure asbestos and/or products made entirely or mainly of asbestos? ☐ Yes ☐ No

   (b) Do you use products made entirely or mainly of asbestos? ☐ Yes ☐ No

6. Do you have any insurance in respect of your liability to your employees? ☐ Yes ☐ No

   If yes, please give details.

7. 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 any of the above, please give details.

8. Give full particulars for all injuries and/or death sustained by your employees during the past 3 years.

PAYMENT METHOD

Total Premium Paid: RM .... Please select payment method.

☐ Cash

☐ JomPay   For payment via JomPay, please provide proof of payment.

JomPAY

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 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.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.

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:	