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FOREIGN WORKER HOSPITALISATION AND SURGICAL SCHEME PROPOSAL FORM

Berjaya Sompo Insurance Berhad (62605-U) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

IMPORTANT NOTICE

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

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

EMPLOYER'S PARTICULARS

Name of Proposer (in full) :

[illegible]

Address (Postal):

[illegible]

Postcode

NRIC No. :

E-Mail :

Occupation :

Business Registration:

Telephone No. (House) :

Handphone No. :

Telephone No. (Office) :

Fax No. :

PERIOD OF INSURANCE COVERAGE

Period of Coverage : Months

Date of Coverage : From _____ to _____

No. of worker(s) to be insured :

Sector (please tick) :

☐ Construction
 ☐ Manufacturing
 ☐ Services
 ☐ Plantation
 ☐ Mining/Quarrying
 ☐ Wholesale/Retail Trade
☐ Transport/Storage/Communication
 ☐ Others, Please Specify

Who will be paying the premium for this insurance policy ? ☐ Employer ☐ Foreign worker themselves

PLACE OF EMPLOYMENT

To be filled up only if please of employment address is not the same as the address of employers above

a) Business Registration No. / NRIC / Passport / Construction Site No./ Project Reference No.:

b) Place of Employment Address :

DESCRIPTION OF BENEFITS

- | | |
|------|---|
| 1(a) | Daily Hospital Room & Board (Maximum up to thirty (30 Days) |
| 1(b) | Intensive Care Unit (ICU) (Maximum up to fifteen (15 Days) |
| 2) | Hospital Supplies and Services |
| 3) | Operating Theatre |
| 4) | Surgical Fees (Exclude organ transplantation) |
| 5) | Anesthetist's Fees |
| 6) | In-Hospital Physician Visits (Maximum up to thirty (30) days) |
| 7) | In-Hospital Specialist Consultation Visits (Maximum up to thirty (30) days) |
| 8) | Ambulance Fees/Medical Report Fees |

MAXIMUM OVERALL ANNUAL LIMIT (Item 1 to 8)

RM 20,000.00

ANNUAL PREMIUM (Before 6% Service Tax and RM10.00 Stamp Duty)

RM 120.00

(Per Worker)

Important Note: All benefits payable for any number of disabilities in any one given period of insurance is subject to

Overall Annual limit of RM10,000.00 per insured worker.

PARTICULARS OF WORKERS

Name of proposer / Employer :

Bussiness /Occupation :

[illegible]

Reference

Gender : (M) Male / (F) Female

Insured for : (C) Calling Visa Application, (P) Renewal of work permit (PLKS).

(S) Special Application Consented by KMM (i.e Foreigner worker registered under 6P programme)

PAYMENT METHOD

Total Premium Paid: RM_____

Please select payment method.

☐ Cash

☐ JomPay

For payment via JomPay, please provide proof 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

Card No.

Card No.:																			
					-					-					-				

Expiry Date

mm / yy

☐ MasterCard

Cardholder's Name:

Date:

Cardholder's Signature:

SERVICE TAX (ST) - ST will be imposed on the applicable portion of the premiums due and payable.

PRIVACY NOTICE

The personal information including your personal, policy and financial details ("Personal Data") provided by and collected from you may be used and processed by us and our Group Companies¹ (within or outside Malaysia) in order for us to provide our services and to operate and manage our function as an insurance company. By signing on this proposal form, you consent to the use and processing of your Personal Data for the purposes as stated in our Privacy Notice. If you represent a body corporate, you have procured the necessary consent for our use and processing of the Personal Data provided by you for the purposes as stated in our Privacy Notice. Please refer to the Privacy Notice for details of your Personal Data privacy rights and our rights of disclosure, which is also available at our website at www.berjaysompo.com.my.

OPTION TO SUBSCRIBE TO CROSS-SELLING ACTIVITIES

You can extend your consent for us to use your Personal Data for cross-selling purposes within/with our Group Companies or our strategic business partners or selected third parties, by selecting: ☐ Yes ☐ No

Take note that you can always choose to opt out of the cross-selling activities as described above (including marketing campaigns by any of our Group Companies) at any time by contacting BSIB at the contact number stated above.

Note:

¹Group Companies refer to Sompo Holdings Group and Berjaya Group, of which BSIB is also an affiliate.

DECLARATION BY PROPOSER

I/We declare and warrant 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 and declaration which I/We agree shall be the basis of the contract between myself/ourselves and the Company. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. A copy of the product disclosure sheet ("PDS") is available at our website www.berjaysompo.com.my. Please make sure that you have read and understood the contents of the PDS before purchasing the product.

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: