BERJAYA SOMPO INSURANCE

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BUSINESSINSURE PACK INSURANCE 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

DETAILS OF PROPOSER

Name of Proposer (in full) :

Address (Postal):

Postcode

NRIC No.:	E-Mail
Business/ Occupation:	Location of Risk :
Business Registration	PIAM Code ( )
Occupation Description :	

Building Construction	Wall	☐ Bricks / Concrete ☐ Glass ☐ Other (Please Describe)	Roof	☐ Bricks / Concrete ☐ Glass ☐ Other (PleaseDescribe)	Structure	☐ Reinforced Concrete ☐ Wood / Timber ☐ Other (PleaseDescribe)
No. of Storey: Year Built :						

Customer Contact Details :	Designation :
Telephone No. (House) :	Handphone No. :
Telephone No. (Office) :	Fax No. :

Period of Insurance :	Inception Date :	Expiry Date :

Select plan and calculate premium

SECTION 1 : FIRE INSURANCE (Mandatory)

A MATERIAL DAMAGE (THIS PART IS COMPULSORY UNDER THE BUSINESSINSURE PACK)

Description of interest insured	Sum Insured	Rate
1. Building excluding foundation :		
2. Furniture , ficture & Fittings :		
3. Stock in trade :		
4. Plant, Machinery & Equipment :		
5. Other (Please Specify)		
Total Sum Insured (or Rate)		

Special Perils / Extensions (tick for cover)		Rate (%)	Special Perils / Extensions (tick for cover)		Rate (%)
Aircraft Damage	☐	0.005	Impact Damage	☐	0.004
Earthquake & Volcanic Eruption	☐	0.010	Storm Tempest	☐	0.015
Flood (Complete flood questionnaire)	☐	0.086	Riot Strike & Malicious Damage	☐	0.014
Subsidence & Landslip (Complete questionnaire	☐	0.081	Bush/ Lalang Fire	☐	0.005
Explosion :			Bursting or overflowing of water tanks Apparatus or pipes :		
a) Industrial without boiler	☐	0.006	a) Building > 5 Storey	☐	0.006
b) Industrial with boiler	☐	0.008	b) Others	☐	0.005
c) Non-Industrial without boiler	☐	0.005			
d) Non-Industrial with boiler	☐	0.008			
Other extensions (please specify) :			EIC B (Item4)	☐	0.056
			Spray Warranty 24A	☐	15% of base rate
			Painting : Warranty 24B	☐	35% of base rate

Total Peril and Extension rate :

SECTION I – PREMIUM COMPUTATION

Material Damage

Comment

Total Basic Premium :

Financial Instituition :

Total Perils + Extensions Premium:

Total Premium (RM) :
(subject to min. Premium of RM75.00

SECTION II : SPECIAL PACK (HIGHLY RECOMMENDED)

A **MONEY** ***(Covers money lost whilst in transit of theft within your premises, and personal accident (RM20,000 per employee) to 2 employees whilist carrying money in transit)***

Money in Transit within Malaysia — RM30,000 max per carrying and for the period

Money in Premises (refer 'Location of Risk') secured in Locked Safe and other locked receptacles — RM30,000 max for the period

B **FIDELITY GUARANTEE**

Insures you against loss of money and/or property due to fraud or dishonesty of your employees — Sum Insured: Not exceeding RM5,000 per claim and in aggregate for all employees

C **PLATE GLASS (Compensation when fixed glass in your premises are accidentally damaged)**

All fixed glass component of the building — RM 10,000 On First Loss Basis — Excess: RMIOO each and every claim or any one event

D **PUBLIC LIABILITY**

Protects you against legal liability to third parties for accidental bodily injury or accidental property damage — Limit anyone accident: RM500,000 Limit for the Period: RM1,000,000 — Excess: **NIL**

E **EMPLOYER'S LIABILITY**

Covers your liability (up to RMS million) to employees for injury or illness sustained in the course of his employment — Annual Estimated Earnings: (Not exceeding RMl,000,000)

SECTION II – PREMIUM COMPUTATION

TOTAL PREMIUM (RM) : **RM 333**

SECTION III : OTHER INSURANCE (OPTIONAL)

A **BURGLARY INSURANCE** ***(Compensation for losses sustained as result of property been forcibly or violently burglared, including cost of repairing any resulting damages to the premises. This will also include risks of hold up and armed robbery)***

On Stock-in-trade incidental to the Insured's Business (Note: Burglar Alarm Warranty applicable to FirstLoss Sum Insured RMS0,000 and above.) — Sum Insured (First Loss): ( ) But not exceeding RMl00,000 — Premium / Rate: ( ) Excess: ( )

B **ALL RISKS** ***(Protection of property (hut excluding stocks while kept within the declared premises) against risks of fire, theft and accidental damage, and not otherwise insured under Section I unless specifically excluded)***

1. Office equipment, computers & peripherals, furniture & fittings, and the like (excluding mobile phones, notebooks) — Sum Insured : ( ) — Premium / Rate: ( )

Financial Institution: — Excess: ( )

2. Non-Mobile Plant, Machinery & Equipments — Sum Insured : ( ) — Premium / Rate: ( )

Financial Institution: — Excess: ( )

C **EQUIPMENT INSURANCE** ***(not otherwise included under Section I and B of this Section) - used within declared premises***

Mobile Plant, Machinery & Equipments *(Please provide particulars of equipments)* Sum Insured : ( ) Premium / Rate: ( )

Financial Institution: Excess: ( )

D **WORKMEN'S COMPENSATION**

Protects you for any liability under Workmen's Compensation Act or at common law (up to RMlO million) to compensate your employees for death or bodily injury due to an accident in the course of employment

Annual Estimated Earnings: ( ) Premium / Rate ( ) ( )

SECTION III – PREMIUM COMPUTATION

(a) Burgary (b) All Risks (c) Equipment (d) Workmen Compensation

Total Premium (RM) :

GENERAL QUESTIONNAIRE

1. Please state occupation within your premises and nearby areas. *(The highest tariff rate shall apply)*

2. Is your premises currently shared with other companies? If yes, please furnish details of your co-tenant's business. ☐ Yes ☐ No

3. What are the security preventive measures available at your premises?
   ☐ Security Guard ☐ Guard Response Services ☐ Gates/Grilles/Roller Shutter ☐ Burglar Alarm System
   ☐ Central Monitoring System ☐ CCTV ☐ Others: (Please describe):
   If none, please refer to the company.

4. Has any insurance company declined / refused the following :
   a) Your proposal to insure ? ☐ Yes ☐ No
   b) Refused renewal of your policy ? ☐ Yes ☐ No
   c) Required an increased premim or imposed a special condition ? ☐ Yes ☐ No
   If yes to any of the following questions, please state reasons with details:

5. Any loss or claims incurred in the last three (3) years in respect of the risks being covered? ☐ Yes ☐ No
   If yes, please provide details and risks improvements implemented:

6. Do you have any other insurance in force which covers the same property as now insured? ☐ Yes ☐ No
   If yes please state details:

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
☐ MasterCard

Card No. ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry Date m m / y y

Cardholder's Name: .....

Date: ..... Cardholder's Signature: .....

SALES AND SERVICE TAX (SST) - 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 Companies[1] (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.berjayasompo.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: [1]*Group 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.berjayasompo.com.my. Please make sure that you have read and understood the contents of the PDS before purchasing the product. Date ..... Signature of Proposer ..... *(If the Proposer is a company, authorised signature(s) and chop)*

FOR AGENT / OFFICE USE
Cover Note / Policy No.:
Intermediary:
Account No.:
Remarks: