Address: Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur.

Toll Free: 1-800-889-933 Tel.: 03-2170 7300 Fax: 03-2170 4800 E-mail: info@bsompo.com.my Website: www.berjayasompo.com.my

## FOREIGN WORKERS INSURANCE GUARANTEE 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**

**DETAILS OF PROPOSER** 

## **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

Na	Name of Proposer/ Employer(in full) :																																			
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Ad	Address (Postal):																																			
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	Business/ Occupation : Business Registraton No :  Nature of constitution :																																			
(State whether Public Limited Co., Private Ltd. Co,. Partnership or Sole Proprietorship)																																				
If Limited company, please state paid up capital : RM																																				
Particular of workers ( if space provided is insufficient , Please attach list)																																				
Name									Date Of Birth					Sex	Р	ass	por	t No	).		Nationality							Guarantee Amount (RM)								
Deried of Incurence 4 From											40 (Dath Datas inclination)																									
Period of Insurance : From to (Both Dates inclusive)  In Favour of Immigration Department :																																				
ın	ravo	our	OI I	mm	grai	lion	Det	oanı	nen	ι:																										
De	ear S	Sirs	,																																	
LE	LETTER OF INDEMNITY FOR INSURANCE GUARANTEE NO																																			
In consideration of you having executed at my/our request a Guarantee to: KETUA PENGARAH IMIGRESEN (hereinafter																																				
called the Principal) to cover the due performance of : (hereinafter called the Employer)																																				
In the sum of Malaysian Ringgit only (RM)																																				
pursuant to the satisfactory performance and observance of the conditions imposed on the Employer and/or Employee by the Ketua Pengarah Imigresen in the Security Bond.																																				
ac ful	I/We. the undermentioned Employer and/or Guarantors hereby jointly and severally undertake for ourselves our heirs. executors. administrators. assigns and successors that we jointly and severally at all times hereinafter will and sufficiently indemnify you in full against all claims payments demands actions suits proceedings losses liabilities costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you under the liability or obligations of the Insurance Guarantee																																			

(FWIG/PF 092018)

and we hereby further agree that you may at your absolute discretion compromise all claims payments demands suits proceedings losses liabilities which may be taken or made against you under the Insurance Guarantee and that we also hereby further agree to accept the receipts, vouchers or other evidence of all payments made by you or of all liabilities or obligations incurred by you by reason of the Insurance Guarantee as conclusive evidence against us and our estates of the fact and extent of our liability herein to you.												
My/Our liability hereunder is irrevocable and shall remain in full force or effect until your liability under the said Insurance Guarantee is discharged and the same shall have been returned to you for cancellation.												
IN WITNESS HEREOF I/WE have hereunto subscribed my/our name/names this day of 20												
Signature of Witness		Signature of Witness										
Name in full : Address :		Name in full : Address :										
Signature of Employer/Guara	ntor	Signature of Counter-Guarantor Name in full:										
(If the Employer is a company, authorised signature(s) and chop)  Occupation Address:												
PAYMENT METHOD												
Total Premium Paid: RM	P	lease select paymer	nt method.									
☐ Cash												
☐ JomPay	For payment via JomPay, please provi payment.	de proof of		Biller Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No ine at Internet and Mobile Banking with your ings or Credit Card account								
☐ Visa	Card No.		Expiry Da	te								
MasterCard												
Cardholder's Name:  Date: Cardholder's Signature:												
	be imposed on the applicable portion of	the premiums due a	and payab	le.								
may be used and processed and to operate and manage of processing of your Personal procured the necessary consour Privacy Notice. Please rewhich is also available at our OPTION TO SUBSCRIBE TO You can extend your consent strategic business partners or Take note that you can always by any of our Group Companies.	uding your personal, policy and financial by us and our Group Companies¹ (within pur function as an insurance company. End for the purposes as stated in our lent for our use and processing of the Fer to the Privacy Notice for details of yowebsite at www.berjayasompo.com.my. O CROSS-SELLING ACTIVITIES for us to use your Personal Data for cross selected third parties, by selecting:  Is choose to opt out of the cross-selling a fies) at any time by contacting BSIB at the er to Sompo Holdings Group and Berjay.  SER	n or outside Malaysi By signing on this pr Privacy Notice. If yo Personal Data provice our Personal Data pr  oss-selling purposes  Yes  activities as describe ne contact number si	ia) in order oposal for our represended by your rivacy righ within/with No	r for us to provide our services m, you consent to the use and nt a body corporate, you have a for the purposes as stated in ts and our rights of disclosure, in our Group Companies or our including marketing campaigns re.								
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		oser's Signature : oose <i>r i</i> s a company, au		nature(s) and chop)								
FOR AGENT / OFFICE USE												
Cover Note / Policy No.:												
Intermediary: Account No.:												
Remarks:												