

PREMIUM PAYMENT DEFERMENT REQUEST FORM

Date: _____
Policyholder Name: _____

Due to the adverse impact of Covid-19 to our company, we would like to request to defer our payment of premium for the following policies:

No.	POLICY NO	INCEPTION DATE	PREMIUM DUE AMOUNT
1			
2			
3			

NOTES:

1. Only applicable for Small and Medium-sized Enterprises (SMEs)
2. Only Commercial Insurance Policies (Non-Motor) and Group Health Policies are eligible for consideration.
3. Only policyholders with no outstanding premiums more than 2 months as at the date of this request is eligible for consideration.
4. Only applicable for policies with inception date between 1 June 2021 to 31 August 2021.
5. Only policies with minimum premium of RM 5,000 will be considered.
6. Maximum deferment period is 6 months from policy inception date.
7. For Group Health Policies, 50% of premium must be paid within 3 months and the balance within 6 months.
8. The Management of Berjaya Sompo Insurance reserves the right to approve or disapprove any request and its decision shall be final.

Requested by: _____
Name and IC number _____ Company stamp _____

Recommended by: _____
Intermediary name _____ Intermediary signature _____

Approval by BSIB: Approved [☐] Not Approved [☐] Deferment terms: months

CDO signature and date _____ CFO signature and date _____

Date sent back to Proposer and Agent: _____