

PARTICULARS OF RISK TO BE INSURED

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

2. Situation of Risk:

3. Premises Occupied As:

4. Name of Mortgagee/Chargee (if applicable):

5. Construction of Building:

Construction	Construction 1A	Construction 1B	Other Construction
a) External Walls	<input type="checkbox"/> Wholly Brick / Concrete	<input type="checkbox"/> Partly Brick / Concrete and partly of non-combustible materials and / or wholly of glass certified for normal building use	<input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
b) Roof	<input type="checkbox"/> Wholly Tiles / Concrete Non-combustible materials	<input type="checkbox"/> Wholly non-combustible materials	<input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
c) Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

6. (a) No. of Storeys:

(b) Year of Construction:

7. Are there any open-sided sheds attached to the building?

 Yes No

if yes, please indicate floor area covered compared to total area of main building.

 Less than 20% More than 20%**THE PROPERTY TO BE INSURED**

	Amount to be Insured (RM)
1. a) Buildings (excluding foundation) b) Buildings (including foundation)	
2. Rent @ _____ months	
3. Plant and machinery	
4. Household goods & personal effects	
5. Stock-in-trade consisting of _____	
6. Furniture, fixtures and fittings	
7. Removal of debris	
8. Architects, Surveyors and Consulting Engineers fees	
9. Others (please specify) _____	
Total sum insured :	

SECTION 1(A) - FIRE**BASIC COVER:** Fire and lightning (subject to terms and conditions of Policy)**ADDITIONAL PERILS:** On payment of an additional premium, the Policy may be extended to cover the following perils. Please cross hereunder if cover is required:

- | | |
|---|--|
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Earthquake & Volcanic Eruption |
| <input type="checkbox"/> Impact Damage - excluding own vehicles | <input type="checkbox"/> Storm & Tempest |
| <input type="checkbox"/> Impact Damage - including own vehicles | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Water Damage due to bursting or overflowing of water tank, apparatus and pipes | <input type="checkbox"/> Subsidence and Landslip (please complete supplementary Questionnaire) |
| <input type="checkbox"/> Explosion - without boilers | <input type="checkbox"/> Damage by Falling Trees or Branches & Object Therefrom |
| <input type="checkbox"/> Explosion - with boilers | <input type="checkbox"/> Riot, Strike and Malicious Damage |
| <input type="checkbox"/> Others (please specify) | |

GENERAL QUESTIONNAIRES

1. (a) Is the building detached? (if so, please state distance of the nearest building, its construction and occupation) Yes No
Nearest Building

Construction

Occupation

(b) Are you the tenant, owner-occupier or non-occupying owner of the building? Yes No

(c) If there are adjoining premises, please state construction and occupation of the adjoining premises

2. (a) Is there any manufacturing process carried on therein? Yes No

If yes, please give details.

(b) Is spray painting carried on therein? Yes No

(c) Is powder spraying carried on therein? Yes No

(d) Are there any Hazardous Trades carried on or Hazardous goods stored therein? Yes No

If yes, please give details.

3. What is the nature of goods stored in the premise?

4. Is there any other insurance on the same property in force? if so, please give name(s) of the insurance company(ies) and amount(s) insured. Yes No

5. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms or increased premium by any other insurance company? Yes No

If yes, please give details.

6. (a) Have you ever sustained a loss by fire or any other peril included in this proposal at this or any other premises owned or occupied by you? Yes No

If yes, please give details.

(b) Was the loss insured? Yes No

If yes, please give details.

7. Please state the type, make and number of Fire Fighting Equipment/Extinguishers installed in the premises.

Type

Make

Number

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. [][][][] - [][][][] - [][][][] - [][][][] Expiry Date [m] [m] / [y] [y]

MasterCard

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.berjaysompo.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: