

PARTICULARS OF RISK TO BE INSURED

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

Item No.	Description of Property to be Insured	Sum Insured (RM)	
		First Loss	Full Value
1			
2			
3			
4			
5			
TOTAL SUM INSURED:			

With regards to the Premises in which the Property to be insured is contained, please state:

(a) Situation of Premises.

(b) Occupation of Premises.

(c) The construction of the Premises.

Walls:
Roof:

(d) Are you the sole occupier?

Yes No

If No, please state occupation of other occupier.

(e) How are the Doors, Window and Air well protected?

(i) Doors	(ii) Windows	(iii) Air well
<input type="checkbox"/> roller shutter collapsible iron grille <input type="checkbox"/> collapsible iron door <input type="checkbox"/> plywood door <input type="checkbox"/> others <input type="text"/>	<input type="checkbox"/> grille <input type="checkbox"/> others <input type="text"/>	<input type="checkbox"/> iron grille <input type="checkbox"/> others <input type="text"/>
(iv) Are the doors and/or roller shutters secured with padlocks?		<input type="checkbox"/> Yes <input type="checkbox"/> No

(f) Is the premises protected by any Burglar Alarm System?

Yes No

g) Will the premises be left unoccupied?

Yes No

If Yes, please state circumstances and period.

(Attention is drawn to the Policy exclusion that theft is not covered if premises is unoccupied for more than 30 consecutive days unless specially agreed to by the Company)

(h) Is premises occupied business hours?

Yes No

If Yes, by whom.

(i) Is premises under the surveillance of watchman or security guard after business hours?

Yes No

(BUSINESS HOURS shall mean the period which the Insured's Premises are actually occupied for business purposes)

2. Is there a Fire Policy for the properties proposed herein?

Yes No

If Yes, please state Policy No. and Name for Insurer.

3. Have you any other policies In force covering any of the contingencies to be insured against?

Yes No

If Yes, please give details.

4. Has any Insurance Company

(a) declined your proposal?

Yes No

(b) refused renewal of your Policy?

Yes No

(c) required and increased premium or imposed a special condition?

Yes No

If answer is 'Yes' for the above, please give details.

5. Have you ever suffered loss by Burglary, House-breaking, Larceny or Theft during the past 3 years?

Yes No

If Yes, please give full particulars and precautions which have been adopted to prevent a recurrence

PAYMENT METHOD

Total Premium Paid: RM Please select payment method.

Cash

JomPay For payment via JomPay, please provide proof of payment.



Bill 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.berjayasompo.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: