BERJAYA SOMPO INSURANCE

Proposal Form

Contractors' All Risks Insurance

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at www.pidm.gov.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION

Non-Consumer Insurance Contract
Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the policy to you, or before you renew or change any of the terms of your policy. If you fail to do so, your policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

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

PARTICULARS OF PROPOSER

Name of Proposer (in full):

Address (Postal):

Postcode

NRIC No.:	E-Mail:
Business Registration No.:	Business, Trade or Occupation:
Tel. No. (House):	Tel. No. (H/P):
Tel. No. (Office):	Fax No.:

PARTICULARS OF THE RISK TO BE INSURED

1. Title of contract (If project consists of several sections, specify section(s) to be insured):

2. Location of project site
   - Country/Province/District:
   - City/Town/Village:

3. Principal
   - Name:
   - Address:

4. Main contractor(s)
− Name(s):
− Address(es):

5. Subcontractor(s)
− Name(s):
− Address(es):

6. Consulting engineer(s)
− Name(s):
− Address(es):

7. Description of contract work (please give detailed technical information)
- a) Dimension (length, height, depth, spans, number of floors)
- b) Foundation (method, level of deepest excavation)
- c) Construction method
- d) Construction materials

8. Is the contractor experienced in the type of work or construction method? ☐ Yes ☐ No

9. Period of insurance

Commencement of work_____ Date of completion_____

Duration of construction_____ Months Maintenance period_____Months

10. Work to be carried out by subcontractor(s):

11. Special risks

- a. Fire, Explosion? ☐ Yes ☐ No
- b. Flood, Inundation? ☐ Yes ☐ No
- c. Landslide, Storm, Cyclone? ☐ Yes ☐ No
- d. Blasting work? ☐ Yes ☐ No
- e. Other risks? Please state: _____
- f. Volcanism, Tsunami? ☐ Yes ☐ No
- g. Have earthquakes been observed in this area? ☐ Yes ☐ No

    If so, please state intensity: _____ magnitude
- h. Is the design of the structure to be insured based on regulation regarding earthquake-resistant structures? ☐ Yes ☐ No
- i. Is the design standard higher than that stipulated in the relevant regulations? ☐ Yes ☐ No

12. Ground water level:

13. Nearest river, lake, sea, etc.

Name: _____ Distance from site: _____

Levels: _____ Low water: _____ Mean water: _____

Highest level recorded: _____ Date: _____

14. Meteorological conditions

Rainy season from: _____ to _____

Max. rainfall(mm): _____ Per hour: _____ Per day: _____ Per month: _____

Max. wind velocity: _____ Storm frequency ☐ Low ☐ Medium ☐ High

15. Are extra charges for overtime, nightwork, work on public holidays to be included? ☐ Yes ☐ No

> Limit of indemnity

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U))
Address: Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur, Malaysia.
Toll Free: 1-800-889-933 | E-mail: customer@bsompo.com.my | Website: www.berjayasompo.com.my

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16. Is Third Party Liability (TPL) to be included?	☐ Yes ☐ No
Has the contractor concluded a separate policy for TPL?	☐ Yes ☐ No

Limit of indemnity

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17. Details of existing buildings and surrounding property possibly affected by the contract work, such as by excavating, underpinning, pilling, vibration, ground water lowering, etc.

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18. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract work? ☐ Yes ☐ No

Limit of indemnity

Exact description of these buildings and/or structures

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19. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II):

Currency:

Section I – Material Damage	Items to be insured	Sums to be insured (state below separately)

	1. Contract work (permanent and temporary work, including all materials to be incorporated herein)
	    1.1 Contract Price
	    1.2 Materials or items supplied by the principal(s)
	2. Construction plant and equipment
	3. Construction machinery (please attach list showing replacement values of new items)
	4. Clearance of debris (insured only up to the amount indicated)	

	Total sum to be insured under section I:	
	Special risks to be insured – Earthquake, volcanism, tsunami – Storm, cyclone, flood, inundation, landslide	Limit of indemnity
Section II – Third Party Liability	Insured Bodily injury – any one person Bodily injury – total Property Damage	Limit of indemnity
	Total limit to be applied under section II:	

1. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.
2. Limit of indemnity in respect of any one accidents or series of accidents arising out of one event.

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PAYMENT METHOD

Total Premium Paid: RM .... Please select payment method.

☐ Cash

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

JomPAY

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: ....

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: