



**PARTICULARS OF RISK TO BE INSURED**

Location of equipment to be insured (address of building, storey):

Period of insurance: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION 1 - MATERIAL DAMAGE COVER**

1a. items to be insured:

Item	Quantity	Description of equipment/systems (type, manufacture, model and serial no.)	Year of Manufacture	Sum Insured*

**\*Note on Sum Insured:** Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges custom duties, costs of erection, package material.

1. Which item is on mobile usage and what is the extent of territory:

2. Is the building of solid construction (reinforced concrete, brickwork) and is it in a good state of repair?  Yes  No

If not, please provide further details regarding construction of building and state of repair as well as define structural short comings.

3. Does a fire detection and alarm system exist?  Yes  No4. Has a burglar alarm system been installed in the building?  Yes  No5. Is the building under constant security surveillance?  Yes  No6. Has the building been affected by floods of any kind within the past 5 years?  Yes  No

If yes, please describe cause of loss and the extent of loss.

Were loss prevention measures initiated as a consequence?  Yes  No

7. Please describe loss or damage to the items requiring cover in the past 3 years.

Were loss prevention measures initiated as a consequence?  Yes  No

8. Are there any other exceptional hazards (e.g. dust, humidity/moisture, corrosive gases, adverse weather conditions, tremors/vibration) known within the company requesting cover or in the direct neighborhood?  Yes  No

If yes, please provide details:

9. Has a lightning protection system been installed in the building in which items requiring cover are located (external lightning protection)?  Yes  No10. Are the items to be insured safeguarded by overvoltage protection devices fitted to the high voltage and telecommunication lines?  Yes  No

11. Risk – influencing circumstances:

- a. Is there any sprinkler system and/or powder extinguishers in the equipment room?  Yes  No
- b. Is the insured item(s) installed in rooms which have an extensive water supply?  Yes  No
- c. Is there any special access restriction(s) to the equipment room?  Yes  No
- d. Is the power supply via an Uninterrupted Power Supply (UPS)?  Yes  No
- e. Is there any Comprehensive Maintenance Contract?  Yes  No
- f. Is service/maintenance carried out by trained in-house technicians?  Yes  No
- g. Is the insured item(s) installed below ground level?  Yes  No

**SECTION 2 - DATA MEDIA COVER**

1. Data media cover is required for the following: Sum Insured (in RM)
- master & transaction data (e.g. customer, payroll data)
  - standard programmes out of series production
  - customized user programmes
- Total Sum Insured: \_\_\_\_\_

2. a. On which system will the data to be insured be processed?
- Individual PC
  - Networked PC
  - Central Processing Unit
- b. Overall storage capacity in MB:

3. Is data backup carried out:  Daily  Less frequently  Once a week  Never  Once a fortnight

4. Is data media stored below ground level?  Yes  No

5. Is backup data taken to an external location (Different fire area):
- Daily  Less frequently  Once a week  Never  Once a fortnight
- Please provide the external storage address:

6. Is backup data stored in security values/ rooms?  Yes  No

7. Has a fire detection and alarm system been installed in the room in which insured items are located?  Yes  No

8. Are there special access restrictions to the room in which insured items are located?  Yes  No

9. Does a Comprehensive Maintenance Agreement exist for the system?  Yes  No

**SECTION 3 - INCREASED COST OF WORKING (ICOW) as a result of EDP SYSTEMS**

1. Proposer's insured EDP system
- a. Manufacturer, type, year of manufacture?
  - b. Is system purchased or leased?  Purchased system  Leased System
  - c. Is the lessee of the system free of liability?  Yes  No
  - d. Daily working hours:  
Daily hours the back-up system is used:  
Cost of back-up system per hour:  
Number of back-up days per month:
  - e. Is there an uninterruptible and/or mains back-up power supply system?  Yes  No  
If so, is its value included in the sum insured?  Yes  No
  - f. Is there an air-conditioning system serving the EDP system alone?  Yes  No  
If so, is its value included in the sum insured?  Yes  No
  - g. Is it possible in the event of failure to utilise other EDP systems so as to obviate using an outside system?  Yes  No

2. Outside EDP system available for use:

a. Name and address of

- Owner  
 Lessee

b. Is the use of the outside EDP system subject to any special conditions (Waiting period, Conversion measure, etc.)?

- Yes  No

If so, please specify.

c. Has the system already been used?

- Yes  No

Causes:

Maximum Duration:

Maximum Cost incurred:

3. Determination of sum insured:

3.1 Cost of using the outside EDP system (e.g. rent)      Relevant cost per hour x hours per day      + \_\_\_\_\_

3.2 Additional cost for staff or third-party wage work and services incurred in using the outside EDP system      Cost Per Day      + \_\_\_\_\_

3.3 Additional transport cost for data media      Cost per day      + \_\_\_\_\_

3.4 Cost saved in the event of a loss if the proposer's own EDP system fails (e.g. power, rent)      Cost per day      % \_\_\_\_\_

Daily compensation (DC)      Result 3.1 - 3.4

Annual sum insured      DC x working days per month when the insured system is used x 12

ICOW incurred only once (e.g. reprogramming)

- First-loss sum insured

4. Conditions desired:

a. Period of indemnity

- 3 Months       12 Months  
 6 Months       Others \_\_\_\_\_  
 9 Months

b. Deductible

- 2 times the DC amount       10 times the DC amount  
 3 times the DC amount       Others \_\_\_\_\_  
 5 times the DC amount

c. Exclusions on account of other existing insurance?

- Yes  No

If so, please specify.

**PAYMENT METHOD**

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

Cash

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



**Billers 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](http://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: