BERJAYA SOMPO INSURANCE

Proposal Form

Erection 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 RISK TO BE INSURED

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

2. Location of erection site
   − Country/Province/District:
   − City/Town/Village:

3. Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "insured " in the policy.

   Proposer No.:   Insured No(s):

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

Proposal Form –
(EER0123)
1 / 5

4. Principal
   - Name:
   - Address:

5. Main contractor(s)
   - Name(s):
   - Address(es):

6. Subcontractor(s)
   - Name(s):
   - Address(es):

7. Manufacturer(s) of main items
   - Name(s):
   - Address(es):

8. Firm supervising erection
   - Name(s):
   - Address(es):

9. Consulting engineer(s)
   - Name(s):
   - Address(es):

10. Exact description of the property to be erected (if second hand items are to be erected, please state):

11. a) Period of insurance.

    Commencement of insurance _____

    Duration of pre-storage: Months

    Commencement of erection work _____

    Duration of erection/construction: Months

    Duration of testing: Weeks

    (b) If maintenance coverage required

    Duration of maintenance: Months

    Type of coverage required:

    Termination of insurance:

12. Have plans, designs and materials of kind used in this picture been used and/or tested in

a. Previous constructions	☐ Yes	☐ No
b. Previous constructions by the Contractor(s)	☐ Yes	☐ No

    *please give details of similar projects carried out by Contractor(s)

13.
a. Is this an extension of an existing plant?	☐ Yes	☐ No
b. Will operations of existing plant continue during erection period?	☐ Yes	☐ No

    *enclose plans where available

14. Have the buildings and civil engineering works already been completed?   ☐ Yes ☐ No

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

16.	Ground water level:

17. Nearest river, lake, sea, etc.

Name: _____   Distance from site: _____

Levels: _____   Low water: _____   Mean water: _____

Highest level recorded: _____   Date: _____

18. Meteorological conditions:

Rainy season from: _____ to _____

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

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

19. Hazards of earthquake, volcanic, tsunami.

   a. Is there a history of volcanism, tsunami at the site?   ☐ Yes ☐ No

   b. Have earthquakes etc. been observed in this area?   ☐ Yes ☐ No

      If so, please state intensity: _____ magnitude

Subsoil conditions: ☐ rock   ☐ gravel   ☐ sand   ☐ clay   ☐ filled site

Other types:

Do geological faults exist in the vicinity?   ☐ Yes ☐ No

20. Is coverage of constructions/erection equipment (scaffolding, huts, tools, etc.) required ?   ☐ Yes ☐ No

> *please give brief description and state value under No.28, 3.

21. Is coverage of construction/erection machinery (ex-cavators, cranes, etc) required?   ☐ Yes ☐ No

> *please attach list of major machines showing individual new replacement values and state total value under No. 28, 4.

22. Are existing buildings and/or structure 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 works?

State limit under No 28.5.   ☐ Yes ☐ No

> *exact description of the buildings/structures:

23. Is Third Party Liability to be included?   ☐ Yes ☐ No

> *Give brief description of surrounding and existing building and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under No 28, Section II.

24. Do you wish the cover to include extra charges (in case of loss) for:

   a. Express freight, overtime, night work, work on public holidays?   ☐ Yes ☐ No

   b. Air freight?   ☐ Yes ☐ No

25. Give details of any special extension of cover required:

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Proposal Form –
(EER0123)
3 / 5

26. 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. Erection works, split up as follows:
	   1.1 Items to be erected
	   1.2 Freight
	   1.3 Customs Duties and Dues
	   1.4 Cost of erection
	2. Civil engineering works
	3. Construction/Erection machinery
	4. Clearance of debris (limit of indemnity)
	5. Property located on the principal's premises or on the site, belonging to the principal or held in care custody or control (Limit of indemnity, see Memo 4 of policy)
	
	Total sum to be insured under section I:	

	Please indicate limits of indemnity required for the following perils: – Earthquake, volcanism, tsunami – Storm, cyclone, flood, inundation, landslide	Limits of indemnity
Section II – Third Party Liability	Insured Bodily injury – any one person Bodily injury – total Property Damage Or alternatively: Combined single limit of **Total limit to be applied under section II:**	Limits of indemnity

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.

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

☐ 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: