



9. Period of insurance  
 Commencement of work  
 Duration of construction Months  
 Date of completion  
 Maintenance period Months

10. Work to be carried out by subcontractors :

11. Special risk

- Fire, explosion ?  Yes  No
- Flood, Inundation ?  Yes  No
- Landslide, storm , cyclone ?  Yes  No
- Blasting work ?  Yes  No
- Other risks?
- Volcanism, tsunami ?  Yes  No
- Have earthquakes been observed in this ?  Yes  No
- If so, please state intensity : Magnitude
- Is the design of the structure to be insured based on regulation regarding earthquake - resistant structures?  Yes  No
- Is the design standard higher than that stipulated in the relevant regulations ?  Yes  No

12. Work to be carried out subcontractors :  
 Please also give answers to Nos. 16 to 21 as far as information obtainable:

13. Is there any aggravated risk of :  
 Fire :  Yes  No  
 Explosion :  Yes  No  
 \*if so, give details :

14. Ground water level :

15. Nearest river, lake, sea, etc : Name : Distance from site :  
 Level : : Low water : Mean water Highest level recorded :  
 mean level of site :

16. Meteorological conditions : Rainy seasons from : to  
 Max. rainfall(mm) : Per hour : Per day : Per Month:  
 Max. wind velocity : Storm frequency  Low  Medium  High

17. Are extra charges for overtime, nightwork, work on public holidays to be included ?  Yes  No  
 Limit of indemnity

18. Is third party liability to be included ?  Yes  No  
 Has the contractor concluded a separate policy for TPL ?  Yes  No  
 Limit of indemnity

19. Details of existing buildings and surrounding property possible affected by the contract work, such as by excavating, underpinning, piling, vibration, ground water lowering, etc.

20. Are existing building and / or structures on or adjacent to the site, owned by or held in car 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/ structures

21. Please state here under 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 :

	Items to be insured	Sums to be insured (state below separately )
Section 1- Material Damage	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 )	
	<b>Total sum to be insured under section I:</b>	
Section II – Third Party Liability	Special risk to be insured	Limit of indemnity
	Earthquake, volcanism, tsunami	
	Storm, cyclone, flood, inundation, landslide	
	Insured	Limit of indemnity
	Bodily injury - any one person	
	Bodily injury – total	
	Property Damage	
	<b>Total limit to be applied under section II:</b>	

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 &amp; 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 (ST)** - ST will be imposed on the applicable portion of the premiums due and payable.**PRIVACY NOTICE**

The personal information including your personal, policy and financial details ("Personal Data") provided by and collected from you may be used and processed by us and our Group Companies<sup>1</sup> (within or outside Malaysia) in order for us to provide our services and to operate and manage our function as an insurance company. By signing on this proposal form, you consent to the use and processing of your Personal Data for the purposes as stated in our Privacy Notice. If you represent a body corporate, you have procured the necessary consent for our use and processing of the Personal Data provided by you for the purposes as stated in our Privacy Notice. Please refer to the Privacy Notice for details of your Personal Data privacy rights and our rights of disclosure, which is also available at our website at [www.berjaysompo.com.my](http://www.berjaysompo.com.my).

**OPTION TO SUBSCRIBE TO CROSS-SELLING ACTIVITIES**

You can extend your consent for us to use your Personal Data for cross-selling purposes within/with our Group Companies or our strategic business partners or selected third parties, by selecting:  Yes  No

Take note that you can always choose to opt out of the cross-selling activities as described above (including marketing campaigns by any of our Group Companies) at any time by contacting BSIB at the contact number stated above.

Note:

<sup>1</sup>Group Companies refer to Sampo Holdings Group and Berjaya Group, of which BSIB is also an affiliate.

**DECLARATION BY PROPOSER**

I/We declare and warrant 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 and declaration which I/We agree shall be the basis of the contract between myself/ourselves and the Company. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. A copy of the product disclosure sheet ("PDS") is available at our website [www.berjaysompo.com.my](http://www.berjaysompo.com.my). Please make sure that you have read and understood the contents of the PDS before purchasing the product.

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: