



## **Professional Indemnity Insurance for Members of Malaysian Association of Company Secretaries (MACS)**

Proposal Form

**Please read the following note before you complete the proposal.**

### **1. YOUR DUTY OF DISCLOSURE**

**PURSUANT TO PARAGRAPH 4(1) OF SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013**, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

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.

### **2. CLAIMS MADE POLICY**

Claims made insurance only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

### **3. UTMOST GOOD FAITH**

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

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1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.

<b>A. Details of Insured</b>	
<b>1. Name of MACS Member:</b>	
<b>2. MACS Membership No.:</b>	
<b>3. NRIC/ PASSPORT NO.:</b>	
<b>4. POSTAL ADDRESS:</b>	
<b>5. TELEPHONE NO.</b>	<b>6. E-MAIL ADDRESS</b>

<b>B. Insurance Coverage Details</b>					
Option	Limit of Liability (any one claim and in the aggregate)	Excess (each and every claim)	Premium (exclusive of any applicable taxes)	Payable Premium (including SST 6%)	Please tick whichever is applicable
1	RM150,000	RM1,500	RM300.00	RM318.00	<input type="checkbox"/> Yes
2	RM175,000	RM1,750	RM361.00	RM382.66	<input type="checkbox"/> Yes
3	RM200,000	RM2,000	RM410.00	RM434.60	<input type="checkbox"/> Yes
4	RM225,000	RM2,250	RM450.00	RM477.00	<input type="checkbox"/> Yes
5	RM250,000	RM2,500	RM470.00	RM498.20	<input type="checkbox"/> Yes
6	RM300,000	RM3,000	RM510.00	RM540.60	<input type="checkbox"/> Yes
7	RM500,000	RM5,000	RM680.00	RM720.80	<input type="checkbox"/> Yes
8	RM750,000	RM7,500	RM860.00	RM911.60	<input type="checkbox"/> Yes
9	RM1,000,000	RM10,000	RM1,030.00	RM1,091.80	<input type="checkbox"/> Yes
10	RM1,500,000	RM15,000	RM1,500.00	RM1,590.00	<input type="checkbox"/> Yes
11	RM2,000,000	RM15,000	RM2,000.00	RM2,120.00	<input type="checkbox"/> Yes
12	RM5,000,000	RM15,000	RM5,000.00	RM5,300.00	<input type="checkbox"/> Yes

Please contact **Marsh's Facility Carrier, Berjaya Sompo Insurance Berhad**

- if the MACS Member want to extend the policy cover to works related to IPO projects; or
- if the MACS Member want to extend territorial and jurisdiction limit to countries outside of Malaysia.

Short Rate Premium chargeable for short policy period:-

- 10-month to 12-month policy period – 100% of annual premium
- 7-month to 9-month policy period – 75% of annual premium
- 4-month to 6-month policy period – 50% of annual premium
- Less than 3-month policy period – 25% of annual premium

### C. Insurance History

If the answer to any of the following questions is “Yes”, please contact **Marsh’s Facility Carrier – Berjaya Sompo Insurance Berhad** and provide the claim details in a separate sheet:

a) Have any claims ever been made, or lawsuits been brought against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are you aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have you ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please take note that the standard premium table is not be applicable to the below risks:

- Any claim history / notification.
- Limit of Indemnity is above RM5,000,000.00

### D. Payment Options

Upon completion of the proposal form, kindly make payment by bank transfer as bank details below:

Company Name	<b>BERJAYA SOMPO INSURANCE BERHAD</b>
Company Registration No	<b>62605-U</b>
Name of Bank	Maybank Berhad
Address	No. 42-2 Ground & 1 <sup>st</sup> Floor Jalan Sultan Ismail, 50250, Kuala Lumpur
Account Number	5-14084-51041-6
Swift Code	MBBEMYKL

\*Note: Please provide a copy of remittance advice once payment is made and email the details to:

- i) [ruby.abdullah@bsompo.com.my](mailto:ruby.abdullah@bsompo.com.my)
- ii) [shazana.samad@bsompo.com.my](mailto:shazana.samad@bsompo.com.my)
- iii) [Ungku-Nadiah.Zahrah@marsh.com](mailto:Ungku-Nadiah.Zahrah@marsh.com)

**E. Declaration by Insured**

I/We do hereby declare that:

- 1) I am/we are authorized to make this proposal.
- 2) The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
- 3) This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
- 4) The liability of the Company does not commence until the application has been accepted.

Signature of Proposer/ MACS Member.....

Date: .....

**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 affiliate.