

ClinicSure



We've put together the benefits that best meet your needs. This policy provides you with a wide range of coverage designed to provide protection for your property against losses due to the covered events under Fire, All Risks, Burglary, Money, Fidelity Guarantee, Glass Insurance, Employer's Liability, Public Liability and Personal Accident Insurance.



Our packaged insurance solution gives you peace of mind so that you can concentrate on providing your best service to your clients.

Fire

Protects you against loss or damage to your property due to fire, lightning and explosion caused by gas used for domestic purposes.

Fire Consequential Loss

Protects against the "after effects" of losses suffered from a fire; eg. the inability to maintain business due to damaged or lost assets.

All Risks

Provide coverage of your loss or damage to your property or any part thereof due to fire, lightning, accidental damage or any misfortune that is not specifically excluded by the All Risks policy.

Burglary

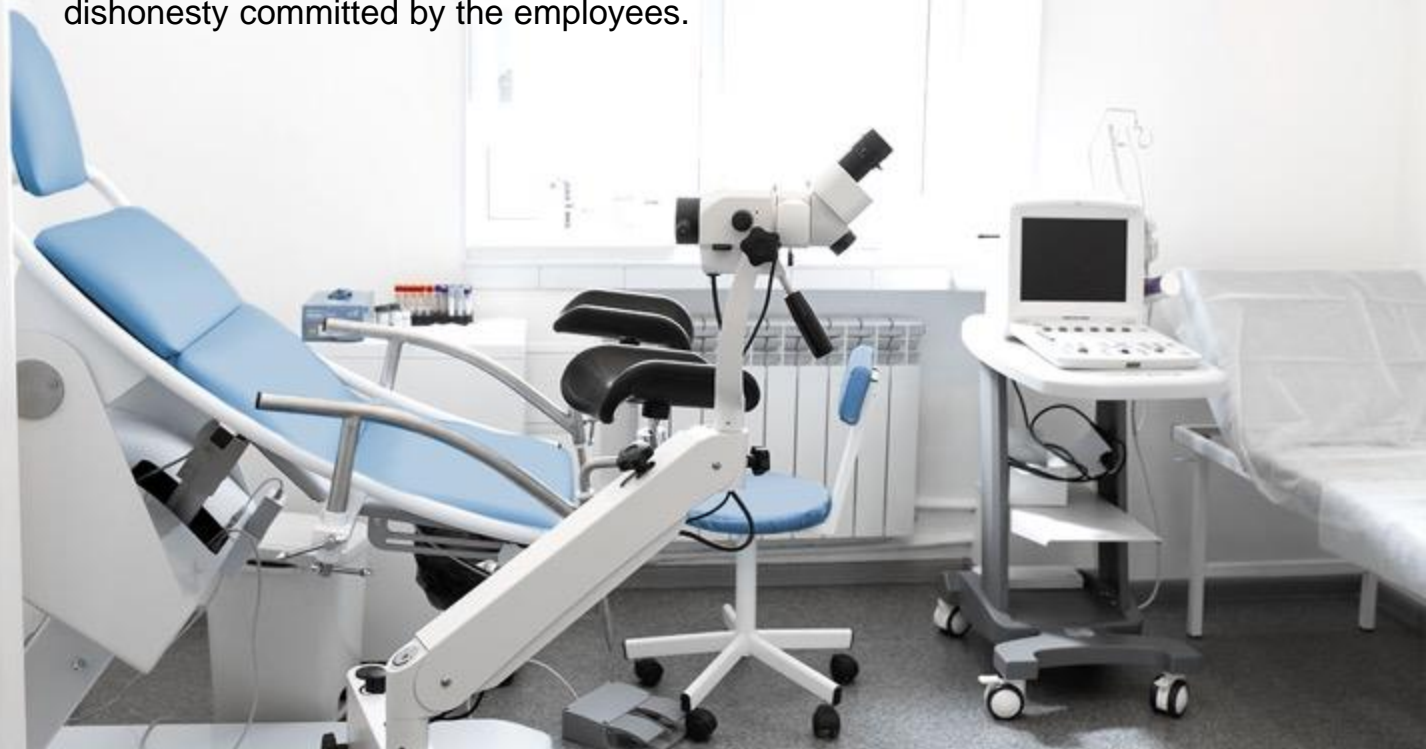
Covers against loss or damage to property contained in your premises against theft consequent upon actual forcible or violent entry.

Money

Covers loss of money whilst kept within your premises or whilst in transit.

Fidelity Guarantee

Eases your worries against direct pecuniary loss sustained by any act of fraud or dishonesty committed by the employees.



Glass

Give yourself some peace of mind against accidental breakage of glass including ornamentation and sign writing by malicious damage and other causes.

Public Liability

You work hard for your business and the last thing you'd want is facing unexpected liabilities. With a Public Liability Insurance, your business is covered against legal liability to third parties in connection with your business, such as bodily injury and property damage to the third party's property.

Employer's Liability

Protecting your most valuable assets from unexpected accidents is also protecting your company. This policy covers you against legal liability at law to pay compensation and claimant's costs and expenses in respect of harm sustained by your employees in the course of employment.



Personal Accident Insurance

As an employer, the well-being of your employees is your top priority. Our Personal Accident Insurance helps you take care of them. It provides 24-hour worldwide protection on your employees' lives against death or permanent disablement incurred in the event of an accident.






No	Class	Interest Insured	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Option 5 (Flexi) Max Sum Insured (RM)
FIRE							
1	Fire	<p>On all properties not limited to building, furniture, fixtures & fittings and stocks of drugs, medicine and medical supplies and any other items held in trust in custody care control of every description, except separately insured</p> <p>Customize with extension: a) Aircraft Damage b) Water Damage c) Explosion d) Earthquake e) Flood f) Impact Damage g) Riot, Strike h) Storm Tempest</p>	50,000.00	100,000.00	200,000.00	500,000.00	For customize sum insured and / or perils, please refer to proposal form as attached.
COMBINED PACKAGE POLICY							
2	All Risk	<p>On all office, medical, clinical, laboratory machine and equipment, other mobile and immobile items of every description and other contents including its accessories and ancillary of every description</p> <p>Note: Excluding stocks consisting of drugs, medicine & medical supplies (to be covered under The Fire policy)</p>	50,000.00	70,000.00	150,000.00	250,000.00	2,000,000.00
3	Burglary	On property of the insured and/or held in trust and/or on commission and/or consignment and/or in the open except where separately Insured.	10,000.00	30,000.00	150,000.00	200,000.00	1,000,000.00
4	Money	a) On money-in-transit b) On money-in-premises Personal Accident to 2 carriers- RM10,000 any one person	10,000.00	15,000.00	15,000.00	15,000.00	1,000,000.00
5	Fidelity Guarantee	On all employees	10,000.00	15,000.00	60,000.00	100,000.00	1,000,000.00
6	Plate Glass	On all fixed Glass of any kind or held in trust or on commission except where separately insured (including lettering and ornamentation)	10,000.00	15,000.00	50,000.00	80,000.00	1,000,000.00
7	Employer's Liability	On All Employees	100,000.00	150,000.00	750,000.00	1,000,000.00	2,000,000.00
PUBLIC LIABILITY							
8	Public Liability	On Third Party Death or Bodily Injury On Third Party Property Damage	250,000.00	500,000.00	1,500,000.00	2,000,000.00	5,000,000.00
GROUP PERSONAL ACCIDENT							
9	Group Personal Accident	On all employees	10,000.00 per person; maximum 100,000 in the aggregate)	15,000.00 per person; maximum 150,000 in the aggregate)	50,000.00 per person; maximum 300,000 in the aggregate)	100,000.00 per person; maximum 500,000 in the aggregate)	1,000,000.00








****For Fire & All Risks, please select option with adequate sum insured. Insufficient sum insured will result in average condition applies in the event of claim.**

Total Gross Premium Payable	503.70	816.40	1,720.60	2,821.50	Please refer to Insurer for quotation
6% Service Tax	30.20	48.98	103.24	169.29	
Stamp Duty	40.00	40.00	40.00	40.00	
Total Premium Payable	573.90	905.38	1,863.84	3,030.79	

Types of Insurance available & its basis of Valuation

Types of Insurance Policies	Basis of Valuation
<p style="text-align: center;">Fire</p> 	<p>Building: Cost of rebuilding excluding the land value. rebuilding cost. Please refer to the Building Cost Calculator at https://bcc.piam.org.my/ for estimation.</p> <p>Contents: Current replacement cost.</p> <p>Stocks: Actual cost price, reflecting the highest value at any one time.</p> <p>Plant, Equipment and Machinery: Current replacement value or cost of restoration of the damaged portion of such property to a condition substantially the same but not better or more extensive than its condition when new.</p>
<p style="text-align: center;">Fire Consequential Loss</p> 	<p>1. Gross Revenue The money paid or payable in respect of work done and services rendered in the course of the business.</p> <p>2. Wages (a) If your business is such that all employees would be retained for the full indemnity period, then all wages should be insured under the Gross Profit item by not including wages as a specified working expense under Item 1. (b) If the full cover under note (a) is unnecessary, you may decided to insured the Wages of all employees for an initial period but thereafter to insure only a percentage of the wage roll for the remainder of the Indemnity Period chosen for the Gross Profit item, provided:- (i) the indemnity period relating to the Gross Profit cover is 12 months or longer; (ii) the initial period where 100% wages cover operates is at least 4 weeks; (iii) a minimum of 10% of the total wage roll is to be insured after the initial period;</p> <p>3. Auditors' Fees' The coverage under this item is to cover such reasonable professional fees as may be payable by the Insured to a Public Accountant and other reasonable expenses incurred for preparation of claims under the Insured's Material Damage and Consequential Loss Insurance Policies.</p> <p>4. Indemnity Period This is the maximum period immediately following a fire during which the policy will provide indemnity under the respective items. For items 1 you should select the period you estimate would be necessary for the business to recover entirely from the effects of any fire.</p>
<p style="text-align: center;">All Risks</p> 	<p>Cost of replacing or reinstating on the same site property of the same kind or type but not superior to or more extensive than the insured property.</p>

Types of Insurance available & its basis of Valuation (continue)...

Types of Insurance Policies	Basis of Valuation
<p>Burglary</p> 	<p>First Loss Limit (Maximum probable loss at any one time of break in).</p>
<p>Money</p> 	<ul style="list-style-type: none"> a) Money in Transit Maximum probable loss at any one time of transit. b) Money in Premises Maximum probable loss at any one time of money kept in the insured's premises. c) Money in Personal Custody Maximum probable loss at any one time of money kept by an authorized employee (Not covered)
<p>Fidelity Guarantee</p> 	<p>Adequate Limit of Guarantee.</p>
<p>Plate Glass</p> 	<p>Maximum probable breakage at any one loss/damage.</p>
<p>Employer's Liability</p> 	<p>Adequate limit of liability.</p>
<p>Public Liability</p> 	<p>Adequate limit of liability.</p>
<p>Group Personal Accident</p> 	<p>Named/unnamed basis, customization of sum insured and benefits.</p>

Frequent Ask Questions (FAQ)

1. How will ClinicSure insurance premium be calculated?

Insurance premiums are fix for plan 1 to plan 4 based on the respective sum insured/ limits. The greater the sum insured/ limits, the higher the premium. The lower the sum insured/ limits, the lower the premium.

2. Can I insure the lives of employees?

Yes, you can take up a group personal accident insurance for your employees. Group personal accident insurance pays benefits to the company when the employee injures, or death caused by an accident. The policy is normally owned by the company, which pays the premiums and is the beneficiary.

3. What is the difference between an All Risks policy and Fire Insurance policy?

The All Risks policy covers your assets against loss or damage by fire, theft or any other accident or misfortune whereas the Fire policy is a "named perils" policy i.e. the policy will only cover loss or damage to the insured property caused by fire, lightning and specific perils as named in the policy.

4. What does Public Liability insurance cover?

It covers any claims made against your business by members of the public, clients, or contractors arising from either an incident on your premises or as a direct outcome of your operations. If your business is judged to be responsible, your insurance policy will cover legal fees and compensation payouts up to the limit of your policy.

5. What are First Loss Basis?

First Loss Basis is the maximum amount of loss at any one time. This basis is adopted when it is not possible for your entire property insured to be stolen at the same time.

6. Can I apply ClinicSure if my premise was affected by loss incidents such as fire, lightning, flood, burglary and etc.?

Yes, you can apply but acceptance will be on case to case basis and we will require more details/info pertaining to the said loss incident.

7. What are some of the key terms and conditions that I should be aware of?

Importance of disclosure – you must give all the facts in your application form fully and faithfully. You must ensure that your property is insured at the appropriate amount. This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

Frequent Ask Questions (FAQ)

8. What do I need to do if there are changes to my contact/personal details?

It is important that you inform us of any changes in your contact and personal details to ensure that all correspondence reach you in a timely manner. You may inform our customer service of the Company.

9. How to select the right sum insured or limit?

We will pay up to policy limit subject to terms and conditions of the policy. For Fire, Fire Consequential Loss and All Risks, please select option with adequate sum insured. Insufficient sum insured will result in underinsurance. This happens when you insured your property below the value at risk. In the event of a loss, the average clause will apply, i.e. the difference between the sum insured and the value at risk at the time of loss. The final compensation will be based on the average clause formula as follows:

Value at Risk: RM 1,000,000

Sum Insured: RM 500,000

Sum Insured

----- x Actual Loss = Claim Payable

Value at Risk

E.g. RM 500,000

----- x RM 750,000 = RM 375,000

RM 1,000,000

This brochure is not a contract of insurance. The descriptions in the brochure are only a brief summary for quick and easy reference. Please refer to the Product Disclosure Sheet (PDS) for more information, and Policy Wording for full details of the Policy terms and conditions, which are available at www.berjaysompo.com.my. In the event of any differences arising between the English and Bahasa Malaysia versions, the English version shall prevail.

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

Underwritten by:

Berjaya Sompo Insurance Berhad

(Registration No. 198001008821 (62605-U))

Level 36, Menara Bangkok Bank,

105, Jalan Ampang,

50450 Kuala Lumpur, Malaysia.

Tel. : 03 - 2170 7300

Fax : 03 - 2170 4800

Toll Free : 1-800-889-933 (within Malaysia)

Email : customer@bsompo.com.my

Website : www.berjaysompo.com.my

Distributed by: Marsh Insurance Brokers (Malaysia) Sdn Bhd (Company No. 198201008640 (88363-U))

Proposal Form

ClinicSure

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

Berjaya Sampo 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.com.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION		
<p>Consumer Insurance Contract Pursuant to Schedule 9 of the Financial Services Act 2013, you must take reasonable care to ensure that all your answers to the questions are to the best of your knowledge, full, complete, correct and honest. 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.</p>		
<p>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 Consumer and Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.</p> <p>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.</p>		
PARTICULARS OF PROPOSER		
Insured Name:		
Business Reg. No.:		
Correspondence Address:	Contact Person	
	Contact Details	
	Email Address	
Period of Insurance: From _____ To _____		
PARTICULARS OF PROPERTY TO BE INSURED		
Full address of insured location:		
Construction of Building	<u>Wall</u> <input type="checkbox"/> Bricks <input type="checkbox"/> Timber <input type="checkbox"/> Metal <input type="checkbox"/> Others (please specify):	<u>Roof</u> <input type="checkbox"/> Tiles <input type="checkbox"/> Metal Sheet <input type="checkbox"/> Concrete <input type="checkbox"/> Other (please specify):
* Standard building construction class 1A if others, please complete this section		

TYPE OF COVERAGE (FIXED PLAN)					
Section	Type of Coverage	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)
1	Fire & Lightning* Extensions: Aircraft Damage, Water Damage, Explosion, Earthquake, Flood, Impact Damage, Riots, Strike & Storm Tempest <i>Please ensure adequate sum insured to avoid average conditioning.</i> <i>Please refer to the Building Cost Calculator at https://bcc.piam.org.my/ for accurate estimation</i>	50,000.00	100,000.00	200,000.00	500,000.00
2	Fire Consequential Loss	TBA	TBA	TBA	TBA
3	<u>Additional Cover (Combined Package):</u> a) All Risk* On all office, medical, clinical, laboratory machine and equipment, other mobile and immobile items of every description and other contents including its accessories and ancillary of every description. Note: Excluding stocks consisting of drugs, medicine & medical supplies b) Burglary c) Money d) Fidelity Guarantee e) Plate Glass f) Employer's Liability	50,000.00	70,000.00	150,000.00	250,000.00
		10,000.00	30,000.00	150,000.00	200,000.00
		10,000.00	15,000.00	15,000.00	15,000.00
		10,000.00	15,000.00	60,000.00	100,000.00
		10,000.00	15,000.00	50,000.00	80,000.00
		100,000.00	150,000.00	750,000.00	1,000,000.00
4	Public Liability	250,000.00	500,000.00	1,500,000.00	2,000,000.00
5	Group Personal Accident	10,000.00 per person; maximum 100,000 in the aggregate	15,000.00 per person; maximum 150,000 in the aggregate	50,000.00 per person; maximum 300,000 in the aggregate	100,000.00 per person; maximum 500,000 in the aggregate
	Gross Premium	503.70	816.40	1,720.60	2,821.50
	6% Service Tax	30.20	48.98	103.24	169.29
	Stamp Duty	40.00	40.00	40.00	40.00
	Total Payable	573.90	905.38	1,863.84	3,030.79
	Please tick (√) in the plan selection column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For Fire & All Risks, please select option with adequate sum insured. Insufficient sum insured will result in average condition applies in the event of claim.**

PRE- UNDERWRITTEN CONDITIONS			
Construction Class 1A- brick/concrete walls and roofed with non-combustible materials	The building was built after 1945	No sharing of premises with other tenants in the same unit	One unit of approved, serviced, and non-expired portable fire extinguisher in the premises
All entrances to the premises are protected with collapsible iron gate / roller shutter / glass door / iron grilles and padlocks	No adverse insurance history, bankruptcy / liquidation, or criminal activity.	No losses or claims, reported or non-reported, in the last three years	

Please continue to General Questionnaires once Fixed Plan is selected.

TYPE OF COVERAGE (FLEXI PLAN)- Please indicate Sum Insured / Limit Required

SECTION 1: FIRE INSURANCE (MANDATORY)

a) Description of Interest Insured & Sum Insured	Building (Excluding Foundation) Please refer to the Building Cost Calculator at https://bcc.piam.org.my/ for accurate estimation	RM	<input type="text"/>
	Furniture, fixtures & fittings	RM	<input type="text"/>
	Stock In Trade	RM	<input type="text"/>
	Plant, Machinery & Equipment	RM	<input type="text"/>
	Others (please specify)	RM	<input type="text"/>
	Total	RM	<input type="text"/>
b) Basic Cover:	Fire and Lightning (subject to the terms, exceptions, and conditions of the Policy)		
c) Additional Perils:	On payment of an additional premium, the Policy may be extended to cover the following perils. Please tick hereunder if cover is required:		
Aircraft Damage	<input type="checkbox"/>	Impact Damage (Excluding Insured's own vehicles)	<input type="checkbox"/>
Explosion (Industrial without boilers)	<input type="checkbox"/>	Impact Damage (Including Insured's own vehicles)	<input type="checkbox"/>
Explosion (Industrial with boilers)	<input type="checkbox"/>	Bursting or overflowing of water tanks, apparatus, or pipes (> 5 stories)	<input type="checkbox"/>
Explosion (Non-industrial without boilers)	<input type="checkbox"/>	Bursting or overflowing of water tanks, apparatus, or pipes (Others)	<input type="checkbox"/>
Explosion (Non-industrial with boilers)	<input type="checkbox"/>	Riot Strike and Malicious Damage (Residential Properties)	<input type="checkbox"/>
Storm Tempest	<input type="checkbox"/>	Riot Strike and Malicious Damage (Other than Residential Properties)	<input type="checkbox"/>
Earthquake and volcanic eruption	<input type="checkbox"/>	Damage by Falling Trees or Branches and Objects Therefrom	<input type="checkbox"/>
Flood	<input type="checkbox"/>	Subsidence & Landslip (standard cover)	<input type="checkbox"/>
Bush/Lalang Fire	<input type="checkbox"/>	Others (please specify)	

SECTION 2: FIRE CONSEQUENTIAL LOSS INSURANCE (OPTIONAL)

a) Description of Item to be Insured:										
<table border="1"> <thead> <tr> <th>Description</th> <th>Amount to be Insured (RM)</th> </tr> </thead> <tbody> <tr> <td>i. On GROSS REVENUE <i>(Click here to refer Basis of Valuation in the brochure)</i></td> <td></td> </tr> <tr> <td>ii. On TOTAL WAGES for the first weeks followed by% for the remainder of the Indemnity Period <i>(Click here to refer Basis of Valuation in the brochure)</i></td> <td></td> </tr> <tr> <td>iii. On AUDITORS' FEES <i>(Click here to refer Basis of Valuation in the brochure)</i></td> <td></td> </tr> <tr> <td>TOTAL SUM INSURED</td> <td></td> </tr> </tbody> </table>	Description	Amount to be Insured (RM)	i. On GROSS REVENUE <i>(Click here to refer Basis of Valuation in the brochure)</i>		ii. On TOTAL WAGES for the first weeks followed by% for the remainder of the Indemnity Period <i>(Click here to refer Basis of Valuation in the brochure)</i>		iii. On AUDITORS' FEES <i>(Click here to refer Basis of Valuation in the brochure)</i>		TOTAL SUM INSURED	
Description	Amount to be Insured (RM)									
i. On GROSS REVENUE <i>(Click here to refer Basis of Valuation in the brochure)</i>										
ii. On TOTAL WAGES for the first weeks followed by% for the remainder of the Indemnity Period <i>(Click here to refer Basis of Valuation in the brochure)</i>										
iii. On AUDITORS' FEES <i>(Click here to refer Basis of Valuation in the brochure)</i>										
TOTAL SUM INSURED										
b) Indemnity Period: <i>(Click here to refer Basis of Valuation in the brochure)</i> _____ months (6/ 12/ 18/ 24/ 36/ 48/ 60 months)										
c) The following Extensions can be included with additional premium. Please tick if Extension is required.										
(i) Prevention of Access () (ii) Public Utilities () If Yes, for utilities please indicate which utility(ies) to cover: Electricity () Water () Gas () The standard time excess for public utilities extension is 72 hours. This can be reduced to either 48 hours or 24 hours with additional premium. Please specify if required Time Excess reduce to 48 hours () ; or Time Excess reduce to 24 hours () (iii) Murder, Suicide, Pest, Food or Drink Poisoning, or Defective Sanitary Arrangements (limited to 10% of Sum Insured or RM 10 million, whichever is lower. Time Excess of 72 hours apply)										

SECTION 3: COMBINED PACKAGE (OPTIONAL)	
Coverage	Sum Insured (RM)
a) All Risk* Cost of replacing or reinstating On all office, medical, clinical, laboratory machine and equipment, other mobile and immobile items of every description and other contents including its accessories and ancillary of every description. Note: Excluding stocks consisting of drugs, medicine & medical supplies	
b) Burglary First Loss Limit (Maximum probable loss at any one time of break in).	
c) Money (i) <u>Money in Transit</u> Maximum probable loss at any one time of transit. (ii) <u>Money in Premises</u> Maximum probable loss at any one time of money kept in the insured's premises. (iii) <u>Money in Personal Custody</u> Maximum probable loss at any one time of money kept by a authorized employee	(i) (ii) (iii)
d) Fidelity Guarantee Adequate Limit of Guarantee	
e) Plate Glass Maximum probable breakage at any one loss/damage	
f) Employer's Liability Adequate limit of liability	
SECTION 4: PUBLIC LIABILITY (OPTIONAL)	
Please state Limits of Indemnity required. RM_____ any one accident and unlimited during the policy period.	
SECTION 5: GROUP PERSONAL ACCIDENT (OPTIONAL)	
Total Headcount: _____ Sum Insured per person: RM_____	

GENERAL QUESTIONNAIRES			
Important Notes: <ul style="list-style-type: none"> Underwriting approval is required should any of the answer is YES. This is apply to Fixed Plan as well. For Flexi plan, underwriting approval is subject to case to case based on the declaration provided by proposal and completion of proposal form. 			
Insured person details:			
1	Any loss or claims incurred in the last three (3) years in respect of the risks being covered? If yes, please provide details and risk improvements implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has any insurance declined, cancelled, refused renewal, imposed any special terms or required an increased premium? If yes, please provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Is there any other insurance on the same property in force? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 <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)

PAYMENT

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

Company Name	BERJAYA SOMPO INSURANCE BERHAD
Company Registration No	62605-U
Name of Bank	Maybank Berhad
Address	No. 42-2 Ground & 1st 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 :

Email: ClinicSure@bsompo.com.my

CONTACT DETAILS

Please contact the following team members if you have any enquiries on your insurance policies, changes to your policies and claims settlement.

Enquiries Related

Name: Berjaya Sompo Insurance Berhad

Email : ClinicSure@bsompo.com.my

Address: Level 36, Menara Bangkok Bank, Laman Sentral Berjaya, No. 105, Jalan Ampang, 50450 Kuala Lumpur

Claims Related

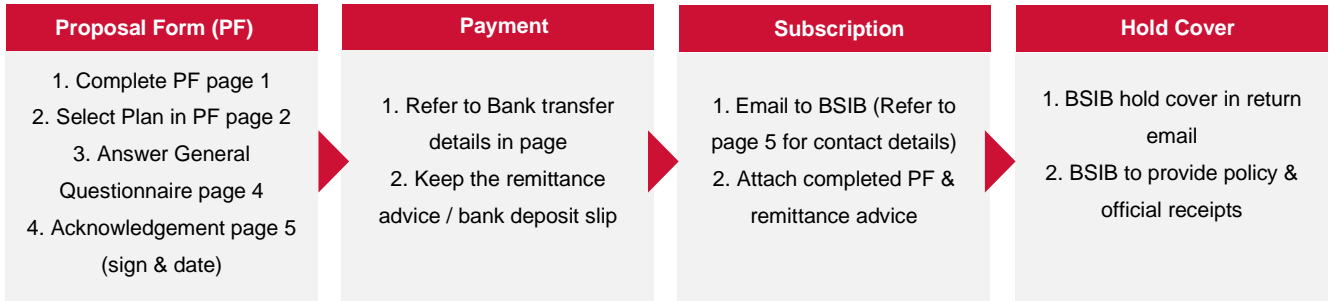
Name : Berjaya Sompo Insurance Berhad

Email: NMMarshSME@bsompo.com.my

Address: Level 36, Menara Bangkok Bank, Laman Sentral Berjaya, No. 105, Jalan Ampang, 50450 Kuala Lumpur

ENROLMENT PROCESS

1. Fixed Plan Enrolment



2. Flexi Plan Enrolment

