

PUBLIC LIABILITY – Proposal Form
(Excluding Contract Works)

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) – You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

| | | |
|----------------------------|----------------------|----------------------|
| Intermediary: _____ | Code: _____ | Tel No: _____ |
| Email: _____ | Fax No: _____ | |

Please write or tick where applicable.

| |
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| <p>1. The Proposer</p> <p>Full Name: _____ _____</p> <p>Mailing Address: _____ _____</p> <p>Tel: _____ Fax: _____ Email: _____</p> <p>Nature of Business (Please provide full description.): _____ _____</p> <p>Business Registration No.: _____ Number of Years in Business: _____</p> |
| <p>2. Period of Insurance From _____ To _____</p> |
| <p>3. The Risk Premises</p> <p>Location: _____ _____</p> <p>Use of Premises: <input type="checkbox"/> Dwelling <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Warehouse</p> <p style="padding-left: 100px;"><input type="checkbox"/> Manufacturing <input type="checkbox"/> Engineering <input type="checkbox"/> Others, please specify:</p> <p>_____</p> |
| <p>4. Turnover</p> <p>Please state annual turnover : _____</p> |

5. Limit of Indemnity

Please state the Limit of Indemnity required:

(a) Any One Occurrence : (S\$) _____

(b) Any One Period of Insurance: Unlimited

6. Additional Information

| | | |
|---|---|--|
| a | Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured's premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Are any workers involved in works at height of more than 30 feet above floor or ground level? If yes, will there be any scaffolding works &/or other related activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c | Are any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d | Are any workers involved in excavation works, work in manholes or tunnels etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e | Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f | Are any workers involved in lifting or hoisting operations, especially in public areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g | Are any workers required to work onboard vessels? If yes, what is the maximum no. of employees on board any vessel any one time? | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees |
| h | Will there be any diving &/or related underwater activities pertaining to your business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i | Does the building adjoin any other premises? If yes, please state its nature of business: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j | Is there any insurance in force covering the same exposure for the same period of insurance being proposed? If yes, please state: (i) Name of Insurer: _____ (ii) Limit of Indemnity (S\$): _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k | Has any Insurance Company ever refused your Public Liability Insurance Proposal or refused to renew your Public Liability Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l | Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Claims Experience

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

| Date of Loss | Nature of Loss | Amount Claimed (S\$) |
|--------------|----------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Details of Expiring Insurance

Please provide the following information:

- (a) Insurer _____ (b) Limit of Indemnity _____
- (c) Annual Premium (S\$) _____ - Any One Occurrence (S\$) _____
- (d) Excess _____ - Any One Period (S\$) _____
- (e) Special Terms and Conditions _____
- (f) Expiry Date _____

Premium Payment Warranty: Please note that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days from the inception date of the coverage, failing which the Policy shall be automatically terminated and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.

Declaration

WE/I DO HEREBY DECLARE AND WARRANT that the answers/information given above in every respect are true and correct and we/I have not withheld any information likely to affect the acceptance of this Proposal and we/I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves/myself and we/I further agree to accept the Company’s Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

_____ Date

_____ Signature of Proposer & Company Stamp

The liability of the Company does not commence until this Proposal has been accepted by the Company.

Underwriter’s Quotation

Class _____ Insured _____ Date of Proposal Form _____

_____ Quotation Date

_____ Signature

Validity Date: 14 days from quotation date.

(Underwriter: _____)