

BURGLARY – Proposal Form

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 <input type="checkbox"/> where applicable.	
1. The Proposer	
Full Name _____	
Mailing Address _____ _____	
Tel _____ Fax _____ Email _____	
Nature of Business (Please provide full description.) _____ _____	
Business Registration No. _____ Number of Years in Business _____	
2. Period of Insurance From _____ To _____	
3. The Risk Premises	
Location _____ _____	
Use of Premises	<input type="checkbox"/> Dwelling <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Engineering <input type="checkbox"/> Others, please specify: _____
Construction of Premises	
(a) Walls	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Open-sided <input type="checkbox"/> Others, please specify: _____
(b) Roof	<input type="checkbox"/> Tiles <input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Zinc <input type="checkbox"/> Others, please specify: _____
(c) Building Frame	<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wooden

4. Security Systems of Premises:

- Surveillance Camera Yes No
- Burglar Alarm System Yes No

If yes, state (a) Brand _____

(b) Whether connected to a central monitoring station Yes No

- Grilled Doors Yes No
- 24 Hours Watchman Services Yes No
- Security Checkpoint Yes No
- Others, please specify _____

5. Property to be Insured

Interests	Sum Insured (S\$)
_____ <input type="checkbox"/> Full Value	_____
_____ <input type="checkbox"/> First Loss	_____

6. Claims Experience

Please give full particulars of all losses for the last 5 years:

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

7. Other Information

a	Are there any high value/attractive goods (e.g. birdnest, ginseng, sharksfin, abalone etc) stored in the Premises? If yes, please state the types of high value/attractive goods _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the Premises shared with others? If yes, please state its nature of business _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Does the building adjoin any other Premises? If yes, please state its nature of business _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Is there any insurance in force on the same property for the same period of insurance being proposed? If yes, please state (i) Name of Insurer _____ (ii) Sum Insured (S\$) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Has any Insurance Company ever refused your Burglary Insurance Proposal or refused to renew your Burglary Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	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

8. Details of Expiring Insurance

Please provide the following information:

- (a) Insurer _____ (b) Sum Insured (S\$) _____
- (b) Annual Premium (S\$) _____ (d) Excess _____
- (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: _____)