

CONSEQUENTIAL LOSS – 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. Fire Fighting Appliances

- Sprinkler Yes No
- Fire Extinguisher Yes & Number _____ No
- Yard Hydrants Yes & Number _____ No
- Hose reels Yes No
- Fire Alarm Yes No

If yes, where is the fire alarm connected to? _____

- Smoke Detector Yes No
- Heat Detector Yes No
- In-house Fire Brigade Yes No

If yes, are they trained and number of persons in the team? _____

- Protection other than the above: _____

5. 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: _____

6. Indemnity Period

- 6 months
- 12 months
- 18 months
- 24 months
- Others: _____ months

9. Claims Experience

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

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

10. Details of Expiring Insurance

Please provide the following information:

- (a) Insurer _____ (b) Sum Insured (S\$) _____
- (c) 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: _____)