

**FIRE/ALL RISKS – 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.*

<b>Intermediary:</b> _____		<b>Code:</b> _____		<b>Tel No:</b> _____	
<b>Email:</b> _____				<b>Fax No:</b> _____	
Please write or tick <input type="checkbox"/> where applicable.					
<b>1. The Proposer</b>					
Full Name _____ _____					
Mailing Address _____ _____					
Tel _____		Fax _____		Email _____	
Mortgagee (if any) _____					
Nature of Business (Please provide full description.) _____ _____					
Business Registration No. _____			Number of Years in Business _____		
<b>2. Period of Insurance</b> From _____ To _____					
<b>3. The Risk Premises</b>					
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"/> Open-sided	
		<input type="checkbox"/> Others, please specify _____			
(b) Roof		<input type="checkbox"/> Tiles	<input type="checkbox"/> Concrete	<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. Property to be Insured**

<b>Interests</b>	<b>Sum Insured (S\$)</b>
(a) Building/Improvement Cost	_____
(b) Furniture, Fixtures & Fittings	_____
(c) Office & Business Equipment	_____
(d) Stocks & Materials consisting of _____ _____	_____
(e) Plant & Machinery	_____
(f) Loss of Rent _____ months	_____
(g) Others, please specify: _____	_____
<b>Total Sum Insured (S\$)</b>	<b>=====</b>

**7. Cover Required** Fire and Extra Perils All Risks**8. Claims Experience**

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

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

**9. Other Information**

a	Are there any hazardous goods stored in the premises? If yes, please state the types of hazardous 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 on the same property in force 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 Fire/All Risks Insurance Proposal or refused to renew your Fire/All Risks 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

**10. Details of Expiring Insurance**

Please provide the following information:

(a) Insurer \_\_\_\_\_ (b) Sum Insured (S\$) \_\_\_\_\_

(c) Annual Premium \_\_\_\_\_ (d) Excess \_\_\_\_\_

(e) Special Terms and Conditions \_\_\_\_\_  
\_\_\_\_\_

(f) Expiry Date \_\_\_\_\_

**11. Additional Information**

Please attach sketch plan and photographs if available.

**Payment Before Cover Warranty (for Private Individuals):** Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the insurance coverage shall not attach and not benefits shall be payable by the Company.

**Premium Payment Warranty (for Corporate Clients):** 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: \_\_\_\_\_)