

**CLINICare – Proposal Form**

Statement pursuant to Section 25(5) Cap 142 of the Insurance Act 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:** \_\_\_\_\_

**1. PROPOSER'S PARTICULARS**

Company's Name: \_\_\_\_\_

Business Registration No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business/Trade: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Name of Director/Registered Proprietor to be insured for Personal Accident

Name	NRIC No.	Date of Birth (DD/MM/YEAR)
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**2. THE RISK PREMISES**

Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Ownership of Building:       Purchased       Rented

Occupancy: Is the premises shared with others? If **Yes**, please state the nature of their business       Yes       No

\_\_\_\_\_

\_\_\_\_\_

**3. COVERS REQUIRED (please tick as required)**

Plan A (Annual Premium before GST: S\$350)       Plan B (Annual Premium before GST: S\$275)

Top up Sum Insured/Optional Covers also required (Additional Premium before GST as computed below)

**Top Up Sum Insured (please tick as required)**

Sections		Top Up Sum Insured	Additional Premium
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Contents (All Risks)	<input type="checkbox"/>	S\$ _____	S\$ _____
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Consequential Loss	<input type="checkbox"/>	S\$ _____	S\$ _____
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Money

(a) In Transit	<input type="checkbox"/>	S\$ _____	S\$ _____
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(b) During business hours	<input type="checkbox"/>	S\$ _____	S\$ _____
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**PROPOSER'S INITIAL:** \_\_\_\_\_



(c) After business hours, in:

(i) locked safe  S\$ \_\_\_\_\_ S\$ \_\_\_\_\_

(ii) locked drawer/cash register  S\$ \_\_\_\_\_ S\$ \_\_\_\_\_

Work Injury Compensation  Additional employees: \_\_\_\_\_ S\$ \_\_\_\_\_

Public Liability  S\$ \_\_\_\_\_ S\$ \_\_\_\_\_

Fidelity Guarantee: Please declare the no. of employees to be covered below

Automatic Cover		Optional Cover at S\$10 per employee		
Occupation	No. of Employees	Occupation	No. of Employees	Additional Premium (\$\$)

**Optional Covers** (please tick as required)

Section		Sum Insured	Additional Premium
Deterioration of Stock	<input type="checkbox"/>	S\$ _____	S\$ _____
Building	<input type="checkbox"/>	S\$ _____	S\$ _____
Legal Expenses	<input type="checkbox"/>	S\$ _____	S\$ _____
<b>TOTAL ANNUAL PREMIUM (before GST):</b>			<b>S\$ _____</b>

**4. OTHER INFORMATION**

- (a) Have your premises ever suffered loss of damage by fire, burglary or theft?  Yes  No
- (b) Have you suffered any losses or had any claims made against you, whether insured or otherwise, under any of the covers provided under this Policy?  Yes  No
- (c) Do any of the persons to be insured under Section 5 suffer from any physical defect or infirmity?  Yes  No
- (d) Has any insurance (for the risk proposed) been cancelled due solely or in part to a breach of premium payment warranty in the last 12 months?  Yes  No

If any answer to the above is *Yes*, please provide details below:

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**5. PERIOD OF INSURANCE**

From: \_\_\_\_\_ to \_\_\_\_\_

**PROPOSER'S INITIAL:** \_\_\_\_\_



**6. MODE OF PAYMENT**

Premium payable (after GST):      S\$ \_\_\_\_\_

Cash       Cheque (Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_)

Visa       Mastercard       Amex      Expiry Date:   -

Cardholder's Name: \_\_\_\_\_

-     -     -

I hereby authorize **LIBERTY INSURANCE PTE LTD** to debit my Credit Card account specified above.

***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 the answers given above in every respect are true and correct and we/I have not withheld any information likely to affect acceptance of this Proposal and agree that the 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.

\_\_\_\_\_  
SIGNATURE OF PROPOSER & COMPANY STAMP

\_\_\_\_\_  
SIGNATURE OF WITNESS &  
COMPANY STAMP (if witness is BROKER/AGENT); or  
NAME & NRIC NO. (if witness is EMPLOYEE OF INSURED)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT NOTES**

- No liability is attached until this proposal form is accepted by the company.
- Unless exempted, any employer who fails to insure himself in accordance with the work injury compensation act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000 or to imprisonment for a term not exceeding one year or to both.
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared, and shall bear a ratable proportion of the liability accordingly.
- The information pertaining to Work Injury Compensation insurance declared in this form may be made known to the Ministry of Manpower as and when required.

For Official Use:

**CLINICare**

**(The information provided here is a summary. Please refer to the actual policy wordings for details of coverage)**

Section & Coverage	Choice of Cover		Top Up Sum Insured/Additional Premium
	Plan A	Plan B	
<b>1. CONTENTS (ALL RISKS)</b> Compensation for accidental loss of or damage to Medical/Dental equipment, Computers, Furniture, Fixtures, Fittings, Renovations, Plate Glass, Neon/advertising signs, Drugs, Medicine, Patients' records and all other contents in the clinic. Sub-limit for Plate Glass: S\$25,000 (Excess: S\$200 each and every loss)	S\$80,000	S\$50,000	S\$15 per additional S\$10,000 sum insured, up to a maximum sum insured of S\$1,000,000
<b>2. CONSEQUENTIAL LOSS</b> Closure of the whole or part of your premises : (a) due to insured perils in Section 1 (b) caused by denial of access (c) by order of a Public Authority due to infectious disease, murder, suicide etc. (Excess: 3 days) Cost of material and labour incurred when recompiling records following a damage caused by fire and/or extraneous perils.	S\$200 per day up to 100 days	S\$100 per day up to 30 days	\$15 per additional S\$100 sum insured, up to a maximum sum insured of S\$500 per day
<b>3. RENTAL EXPENSES</b> Compensation for rental of alternative premises including temporary storage incurred by you during the period necessary for the reinstatement of your premises caused by a loss covered under Section 1.	S\$200 per day up to 100 days	-	-
<b>4. MONEY*</b> (a) Loss of Money in Transit within Singapore (b) Loss of Money from your premises during business hours (c) Loss of Money from your premises after business hours kept in: (i) locked safe (ii) locked drawer/cash register * Money pertaining to your business	S\$5,000 S\$5,000 S\$5,000 S\$1,000	S\$3,000 S\$3,000 S\$3,000 S\$1,000	S\$5 per additional S\$500 sum insured for each sub-limit, up to a maximum sum insured of: <input type="checkbox"/> S\$10,000 each for (a), (b) and (c)(i) <input type="checkbox"/> S\$2,000 for (c)(ii)
<b>5. PERSONAL ACCIDENT</b> Compensation to the named doctor (not exceeding 70 years of age) for accidental bodily injury resulting in: (a) Death or permanent disablement (b) Loss of income following temporary total disablement.	S\$50,000 or pro-rated if more than one insured person \$1,000 per week up to 4 weeks	S\$25,000 or pro-rated if more than one insured person -	-
<b>6. WORK INJURY COMPENSATION</b> Compensation to your employees for death or bodily injury arising out of and in the course of employment, including your liability at Common Law.	Up to 4 manual employees and non-manual employees earning up to S\$1,600/month.	Up to 3 manual employees and non-manual employees earning up to S\$1,600/month.	S\$30 per additional employee
<b>7. PUBLIC LIABILITY</b> Compensation for third party claims arising from accidental bodily injury and/or damage to property caused in connection with your business and extends to include your liability as a tenant. Extends also to cover liability to third parties arising out of food poisoning (Limit: S\$50,000 any one accident and in the aggregate)	S\$1,000,000 any one accident and unlimited during any one period of insurance	S\$500,000 any one accident and unlimited during any one period of insurance	S\$25 per additional S\$250,000 insured limit, up to a maximum insured limit of S\$1,000,000 (S\$3,000,000 if required by Landlord) any one accident and unlimited during any one period of insurance
<b>8. FIDELITY GUARANTEE</b> Compensation for direct pecuniary loss arising from any act of fraud or dishonesty committed by your employee.	S\$2,000 any one employee and in the aggregate (up to 4 employees)	-	S\$10 per additional employee

<b>Standard Package Annual Premium (before GST)</b>	<b>S\$350/-</b>	<b>S\$275/-</b>
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<b>Optional Covers</b>	<b>Sum Insured</b>	<b>Top Up Sum Insured/ Additional Premium</b>
<b>9. DETERIORATION OF STOCK</b> Compensation for loss, damage or deterioration of refrigerated or frozen drugs and medicines in refrigeration units due to: (a) the accidental damage to refrigerating equipment (b) failure of public electricity supply for a period exceeding six consecutive hours (c) accidental escape of refrigerant gas	S\$2,000 any one loss and in the aggregate	S\$30 additional premium plus S\$10 per additional S\$500 sum insured, up to a maximum sum insured of S\$5,000 any one loss and in the aggregate
<b>10. BUILDING</b> Compensation for loss of or damage to your building, improvements, fixtures and fittings arising from fire and/or extraneous perils.	To be declared	S\$5 per S\$10,000 sum insured declared
<b>11. LEGAL EXPENSES</b> Compensation for legal incurred to defend legal proceedings arising out of errors, omissions or negligence by you and/or your employees in the course of your business.	S\$15,000 any one claim and in the aggregate. Excess: 25% of each and every claim	S\$200

**NOTES**

- This package is suitable for all types of Medical clinics and Dental clinics including clinics offering Traditional Chinese Medicines.
- The sum insured under Sections 1 and 10 must represent the full
  - cost of reinstatement for building and renovations/improvements,
  - replacement costs for contents other than stock-in-trade, and
  - market value for stock-in-trade;
 without allowance for wear, tear and depreciation otherwise any claim settlement will be proportionately reduced.
- The sums insured under Sections 1 & 4 are automatically increased by 25% for the two weeks prior to Chinese New Year, Hari Raya Puasa, Deepavali and Christmas.
- Please refer to the Company for sum insured in excess of maximum limits.
- If you have a chain of 3 or more clinics insured with us, you will enjoy the following Chain Store Discount:
 

<u>Number of Clinics</u>	<u>Discount</u>
3 – 5	10%
6 or more	15%
- You will enjoy the following Loyalty Discount (after any Chain Store Discount) if you continue to insure with us:
  - 10% of the premium on 1<sup>st</sup> renewal if there were no claims during the preceding year
  - 15% of the premium on 2<sup>nd</sup> and subsequent renewals if there were no claims during the preceding two years
- The covers and premiums indicated are not available for the following:
 

Types of Premises

  - Premises not of brick/tile/concrete construction
  - Premises with property kept in the open or without perimeter, fence or security.
  - Premises which are part of more extensive premises used mainly for industrial, manufacturing, assembly, warehousing or wholesale (including use as mega store retail outlets) purposes.
  - Risks involving works offsite, on board vessels and not situated in Singapore
  - Pre-war premises
  - Premises shared with other business or sub-let to other occupants
  - Premises outside Singapore

**For such premises, please refer to the Company.**