



Liberty Insurance Pte Ltd

51 Club Street #03-00
Liberty House
Singapore 069428
Tel : 65 6221 8611
Fax : 65 6226 3360

MONEY – 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 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: Dwelling Office Shop Warehouse
 Manufacturing Engineering Others, please specify:

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. Money to be Insured

Interests

Sum Insured (S\$)

(a) Money in transit _____

(b) Money kept in premises during business hours _____

(c) Money kept after business hours: (i) in locked safe _____

(ii) in locked drawer/cash register _____

(d) Others _____

6. Other Information

a	Is the Premises shared with others? If yes, please state its nature of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Does the building adjoin any other Premises? If yes, please state its nature of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Please state the location(s) of the bank(s) where you deposit or withdraw cash. _____	
d	Please state your approximate daily collection of cash.	S\$ _____
e	Please state the number of trips per day or per week to the bank for deposit of cash. _____	
f	Do you go to the bank to withdraw cash? If yes, please state: (i) Purpose for which cash is withdrawn? _____ (ii) Maximum amount withdrawn each time? S\$ _____ (iii) How often is the cash withdrawn? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

g	Do you employ salesmen or delivery men to collect cash from customers? If yes, please state the frequency and the maximum amount collected each time. Frequency: _____ Maximum Amount (S\$): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Is there any Money Policy 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
i	Has any insurer ever declined your application for Money Insurance or refused to renew your Money Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j	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) Interest Insured _____
(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: _____)