A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH LOCATION

JEWELLERS' BLOCK INSURANCE PROPOSAL FORM

Statement Pursuant to Section 24(4) of the Insurance Act (Cap 142) (Republic of Singapore)

You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know. Otherwise the Policy issued hereunder may be void.

Please complete this Proposal Form carefully, answering ALL Questions. Use a tick (x) where appropriate and if handwritten, please use CAPITAL LETTERS. It is important that a complete answer be given to every question, including dates where applicable. Any question not answered on this Proposal Form will be taken as an answer in the negative.

1.	PARTICULARS OF PROPOSER	POLICY NO :
A.	Name of Proposal (in full)	A. _____
B.	Address	B. _____
C.	Situation of Premises for which the Insurance is required	C. As above
D.	How long have you carried on business.	D. In this premises _____ Elsewhere _____
E.	Period of Insurance	E. From _____ to _____

2.	PARTICULARS OF PROPOSER'S BUSINESS	
A.	Nature of your business	A. (1) ☐ Goldsmith ☐ Jeweller ☐ Watch Dealers ☐ Others, please specify (2) ☐ Retail % ☐ Wholesale % ☐ Manufacturing % ☐ Others, please specify %
B.		B.
(1)	How many employees have you in total?	(1) _____
(2)	How many employees are in the retail section?	(2) _____

C.	On what basis do you require claims to be settled?	C. Gold ☐ Market Replacement Value ☐ At Cost Jewelleries & Others ☐ At Cost
N.B.	**Unless otherwise agreed on the Policy, claims in respect of your own stock will be settled on the basis of cost price. All figures completed in this Proposal must reflect the basis of valuation required.**	
D.	What was the average total value during the last twelve months of	D.
(1)	Your own stock and bank notes? (The stock figure is to be declared on the basis of cost price or on the basis as in question D above)	(1) SGD } } SGD }
(2)	Goods in trust (other than for safe custody) goods on approval, repairs and the like?	(2) SGD } }
The total number (1) and (2) comprises approximately		**TOTAL SGD**
-	Jewellery, gold and platinum goods, bullion, precious stones & pearls	☐ SGD
-	Watches	☐ SGD
-	Clocks, Silverware, plateware, and other similar goods	☐ SGD
E.	What was the maximum value of your stock and goods in trust (other than for safe custody) and bank notes at any time during the last twelve months?	E. SGD

F.		F.	**Outside business hours**	**During temporary closing**
(1)	What will be the MAXIMUM VALUE of all watches, jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) OUT OF LOCKED SAFE OF STRONGROOM?	(1)	SGD	No temporary closing
(2)	Single Article Limit	(2)	SGD	No temporary closing

3.	**PARTICULARS OF PREMISES**				
A.	How are premises constructed?	A.			
	(1) Roof	(1)	☐ Concrete	☐ Tile	
	(2) Wall	(2)	☐ Concrete/Bricks	☐ Plate Glass	☐ Wood / Gypsum
	(3) Floor	(3)	☐ Concrete	☐ Wood	

B.	(1)	Are the premises occupied solely by you? If 'No', furnish details of other occupants.	B.	(1)	☐ Yes ☐ No Joint Tenant _____
	(2)	Are the premises occupied at night. • By Proposer? • By employer or caretaker		(2)	 ☐ Yes ☐ No ☐ Yes ☐ No
C.		How old is the building in which the premises are situated?	C.		_____
D.	(1)	Specify locality of premises :	D.	(1)	_____
	(2)	Are there any special hazards pertaining to the locality of the premises?		(2)	_____
E.		Describe occupancy of adjoining premises :	E.		
	(1)	On the right		(1)	_____
	(2)	On the left		(2)	_____
	(3)	Behind		(3)	_____
F.		Are there any watchmen/security guards looking after the insured premises?	F.		☐ Yes ☐ No
G.		Display Window / Showcase How many	G.		
	(1)	Windows facing thoroughfare?		(1)	_____
	(2)	Wall Showcases?		(2)	_____
	(3)	Counter showcases?		(3)	_____
H.		Display Window and Showcase Protection (Please indicate protection by ticking in appropriate boxes:)	H.		
(1)		Are display windows protected by :	(1)	☐	Laminated glass (internal laminated thickness _____)
				☐	Normal glass (thickness _____)
				☐	Tampered glass
(2)		Are the rear of display windows protected by :	(2)	☐	Laminated glass (internal laminated thickness _____)
				☐	Normal glass (thickness _____)
				☐	Tampered glass
				☐	Keylocks
(3)		Are wall showcases protected by :	(3)	☐	Laminated glass (internal laminated thickness _____)
				☐	Normal glass (thickness _____)
				☐	Tampered glass
				☐	Keylocks

(4)	Are counter showcases protected by :	(4)	☐ Laminated glass (internal laminated thickness _____) ☐ Normal glass (thickness _____) ☐ Internal lateral iron grilles within showcases ☐ External Vertical iron grilles from top of counter showcase to ceiling ☐ Tampered glass ☐ Others, please specify _____
(5)	Are the rear of counter showcases protected by :	(5)	☐ Iron grilles ☐ Wooden flap with keylocks ☐ Wooden flap with latch locks ☐ Drawer with keylocks ☐ Others, please specify _____

I.	Give maximum values which will not be exceeded of :			I.		During business hours		Outside business hours	
(1)	(i)	Any one window facing thoroughfare		(1)	(i)	SGD	(1)	(i)	SGD
	(ii)	In all windows facing thoroughfare			(ii)	SGD		(ii)	SGD
	(iii)	Any one wall showcase			(iii)	SGD		(iii)	SGD
	(iv)	In all wall showcases			(iv)	SGD		(iv)	SGD
(2)	Any one article			(2)		SGD	(2)		SGD
(3)	Any one pad or tray of articles			(3)		SGD	(3)		SGD

J.	Display Window Protections At Night and at all other times when premises are not open for business	J.	
	(a) Are all display windows facing thoroughfare protected externally by either shutters or by a grille?	(a)	☐ Yes ☐ No
	(b) Give full particulars of such protections and state how they are secured.	(b)	☐ Roller Shutter with Shutter contact ☐ Others Please specify _____
	(c) Does this protection cover the entire front of your premises? If 'No', give details.	(c)	☐ Yes ☐ No Details _____

4. GENERAL PROTECTIONS OF THE PREMISES

A.	Give full details of the following and how they are protected :	A.	
	(1) Main door	(1)	_____
	(2) Inner door	(2)	_____
	(3) Rear door	(3)	_____
	(4) All windows other than Display Windows	(4)	

	(5)	All skylights or fanlights or roof openings	(5)
	(6)	Are Sprinklers installed in the premises?	(6) ☐ Yes ☐ No
B.		Safes	B.
		Please give following details :	
(1)		Name of Manufacturer, type and model of safe	(1) _____
(2)		Size, weight and safety degree	(2) _____
(3)		Year of Manufacture	(3) _____
(4)		Number of keys and where they are kept	(4) _____
(5)		How many persons are authorized to operate the locking system?	(5) _____
(6)		Is the safe anchored to the floor or "bricked in"? If 'Yes' please specify details.	(6) ☐ Yes ☐ No Details _____
(7)		How many persons know the number combination?	(7) See 4B(5) above
(8)		Has a time-lock been fitted? If 'Yes', specify brand/Manufacturer	(8) ☐ Yes ☐ No Brand _____
C.		Strong Rooms	C.
		Is there a Strong Room? If, 'Yes', give following details :	☐ Yes ☐ No
(1)		Type and name of manufacturer	(1) _____
(2)		How many persons are authorized to operate the locking system?	(2) _____
(3)		Number of keys and where they are kept	(3) _____
(4)		How many persons know the number combination?	(4) _____
(5)		Has a time-lock been fitted? If 'Yes', specify brand / manufacturer	(5) ☐ Yes ☐ No
D.		Burglar Alarm	D.
(1)		Is there a Burglar Alarm? If 'Yes', please answer the following :	(1) ☐Yes ☐ No
(2)		Type and Name of Manufacturer	(2) ☐ ADEMCO ☐ CISCO ☐ APRO ☐ DIGITAL ☐ CHUBB ☐ WORMALD ☐ Others, please specify _____
(3)		The alarm signal is :	(3) ☐ A local acoustic alarm ☐ Connected to the Central Station of any of the following security organizations namely: ☐ ADEMCO ☐ CISCO ☐ APRO ☐ DIGITAL ☐ CHUBB ☐ SECURITY ENGRG ☐ Others, please specify _____

(4)	How is the alarm system connected to the Central Station?	(4)	☐ Local Leased Line ☐ Direct Exchanged Line
(5)	Specify details of system in the burglar alarm :	(5)	☐ Door Contacts No: _____ ☐ Roller Shutter Contacts No: _____ ☐ Infra-red beams No: _____ ☐ Ultrasonic detector No: _____ ☐ Motion detector No: _____ ☐ Seismic detector No: _____ ☐ CCTV Camera No: _____ ☐ Burgo guards No: _____ ☐ Glass Sensors No: _____ ☐ Panic Buttons No: _____ ☐ Others, please specify
(6)	Is the system maintained under contract. If 'Yes', by whom?	(6)	☐ Yes ☐ No Name of Company _____
(7)	Are there any other special means of protection? If 'Yes' give details.	(7)	☐ Yes ☐ No Details : _____

5. OUTDOOR RISK

Give the following particulars in respect of stock and merchandise (including goods in trust and bank notes) which will be carried outside the Premises stated under Question 1C by yourselves and your employees :

A. Whilst in transit and whilst in any premises (other than those stated under Question 1C and 5B) within Singapore

(1) Maximum amount in transit any one journey and in any one premises SGD _____

(2) Estimated total amount in transit annually SGD _____

(3) Names of such persons holding the property :

_____

_____

B. Whilst in the private residence of your Principal Employee (Director) or Proprietor or Partner

Name	Address	Maximum Amount	Full Details of Safe or any Other Protection

C.	Entrustments What was the estimated value entrusted to dealers, customers, repairers, cutters and brokers during the past 12 months?	C.	(1) Average SGD _____ (2) Maximum SGD _____ at any one time. Unless otherwise stated, the maximum amount of entrustment stated under Questions C (2) will be taken as the amount for which Policy is required.
D.	How often are property insured transported?	D.	☐ Daily ☐ Weekly ☐ Monthly ☐ Others, please specify: _____
E.	Is transport carried out by:-	E.	☐ Company employees ☐ Director / Partner ☐ Authorised representatives
F.	Number of persons in escort, (Specify age and sex)	F.	
G.	Are the people escorting:-	G.	☐ Selected ☐ Specially Trained
6.	*OTHER INFORMATION*		
A.	Do you keep proper records of all sales purchases and transactions?	A.	☐ Yes ☐ No
B.	When was your last annual stocktaking?	B.	
C.	Have you ever sustained any loss or losses within the last five years? If 'Yes', give details including the amount of each loss, and, if insured, whether paid in full or otherwise.	C.	☐ Yes ☐ No Date of Loss : _____ Type of Loss : _____ Amount of Loss : _____ Amount Paid :
D.	Is it your practice to give receipts for goods left with you by non-trade customers, for repair, valuation, sale, or any other purpose and to require surrender of such receipts before goods are returned to the customer?	D.	☐ Yes ☐ No
E.	Do you use entrustments/approbation notes in respect of all entrustments?	E.	☐ Yes ☐ No
F.	Have you previously been insured? If 'Yes', state name of Insurer, risk covered and for what amount.	F.	☐ Yes ☐ No Insurer : _____ Type of Cover : _____ Amount :
G.	Have you ever had a Proposal or Renewal of Insurance declined or Policy cancelled, or Renewal invited at increase rate? If 'Yes' state name of Insurer and full particulars in each case	G.	☐ Yes ☐ No Insurer : _____ Details :
H.	Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?	H.	Not to our knowledge

I.	Unless proposing for renewal, please give TWO references FROM YOUR TRADE.	I.	(1) _____
			(2) _____

7.	**SUM INSURED**	
	State amount of insurance required in respect of:	
A.	Stock & Merchandise used in the conduct of the Insured's business and Bank Notes	
	Whether the Property of the Insured or entrusted to the Insured	
	(1) Whilst contained in the Premises as stated under Question 1C during Business Hours	**SGD**
	(2) Whilst contained in the Premises as stated under Question 1C out of Business Hours not kept in locked safe or strongroom	
	i) Single Article	SGD
	ii) Total Value	SGD
	(3) Whilst in the display window facing thoroughfare during Business Hours / out of Business Hours	
	During Business hours	
	i) Each Window	SGD
	ii) All Windows	SGD
	Out of Business hours	
	iii) Each Window	SGD
	iv) All windows	SGD
	(4) Elsewhere other than at the Premises or within any Bank or Safe Deposit Vault in Singapore	SGD
	(5) Whilst entrusted to dealers, repairers, cutters, brokers and craftsmen	SGD
B.	On Trade and Office Furniture, Fixtures and Fittings, Machinery, Plant, Safes Alarm System, Tenants' decorations and improvements, and all other Contents (except your stock and goods in trust) at your premises against the risks of Fire, Lightning, Explosion, Aircraft, Burglary or Theft or any attempt thereat, Storm, Tempest, Flood or Bursting or Overflowing or Leakage of Water Pipes or Apparatus, or Impact by any road vehicle, not belonging to or under your control	**SGD**
	TOTAL SUM INSURED [A(1) + B]	**SGD**

DECLARATION

I/We hereby warrant that the above statements and particulars are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract between me/us and **LIBERTY INSURANCE PTE LTD.** I/We agree to accept a policy subject to the terms and conditions prescribed by the Company and expressed in the policy.

I/We agree and undertake that if this Insurance is completed the protections and/or safe guards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without its consent.

I/We agree that any person filing in completing or assisting in the completion of this proposal form wholly or in part does so as my/our agent and not that of **LIBERTY INSURANCE PTE LTD.**

Date:

_____
Signature of Proposer (Company's Stamp)