

Proposal Form

Fire & Extraneous Perils/ All Risks

Please complete all sections to facilitate the processing of your application.

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.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer:	Business Registration No.:
_____	_____
Mailing Address:	
_____	Postal Code ()
Email:	Contact No.:
_____	_____
Period of Insurance:	No. of Years in Business:
From _____ To _____	_____
Mortgagee (if any):	

Nature of Business: (Please provide full description)	

Details of Risk Premises

Address:				
_____	Postal Code ()			
Use of Premises:				
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shop	<input type="checkbox"/> Others (please specific):	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse	_____	
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"/> Concrete	<input type="checkbox"/> Zinc	<input type="checkbox"/> Tiles	<input type="checkbox"/> Others (please specify):

c) Building Frame	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Wooden	<input type="checkbox"/> Others (please specify):

Fire Fighting Appliances

1) Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, where is the fire alarm connected to?		

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Fire Fighting Appliances

2) Fire Extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	No. _____	
3) Heat Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Hose Reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) In-House Fire Brigade If Yes, are they trained and no. of person in the team? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Smoke Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Sprinkler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Yard Hydrants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	No. _____	
9) Protection other than the above: _____		

Security Systems of Premises

1) 24-hours Watchman Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Burglar Alarm System If Yes, please state: Name of Brand: _____ Is it connected to a central monitoring station? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Grilled Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Security Checkpoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Surveillance Camera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Others, please specify: _____		

Property to be Insured

Interests	Sum Insured
Building/Improvement Cost	S\$
Furniture, Fixtures & Fittings	S\$
Office & Business Equipments	S\$
Stocks & Materials Consisting of: _____	S\$
Plant & Machinery	S\$

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Property to be Insured

Interests	Sum Insured
Loss of Rent _____ months	S\$ _____
Others, please specify: _____	S\$ _____
Total Sum Insured	S\$ _____

Cover Required

All Risks
 Fire & Extraneous Perils

Claims Experience

Please provide full details of all losses for the last 5 years:

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

Other Information

1) 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
2) Is the Premises shared with others? If Yes, please state its Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Does the building adjoin any other premises? If Yes, please state its Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Is there any insurance on the same property in force for the same period of insurance being proposed? If Yes, please state: Name of Insurer: _____ Sum Insured: _____ _____ S\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) 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
6) Has your insurance been canceled 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

Fire & Extraneous Perils/ All Risks

Name of Proposer: _____

Details of Expiring Insurance

Name of Insurer:		Sum Insured:
_____		S\$ _____
Annual Premium:	Date of Expiry:	Excess:
S\$ _____	_____	_____
Special Terms and Conditions:		

Additional Information

Please attach sketch plan and photographs if available.

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

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 Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

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) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

I/We do hereby declare and warrant that:

- All information provided by me/us in connection with this application is true, accurate and complete
- I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("Liberty", the "Company") discretion, render this application invalid
- I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer &
Company Stamp

Fire & Extraneous Perils/ All Risks

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Name of Insurer:		Sum Insured:
_____		S\$ _____
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