

Proposal Form

Burglary Insurance

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

Statement pursuant to Section 23(5) of the Insurance Act 1966 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.: _____
No. of Years in Business: _____	Period of Insurance: From _____ To _____	
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 specify): _____
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse	
Construction of Premises:			
a) Walls	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Concrete	<input type="checkbox"/> Others (please specify): _____
	<input type="checkbox"/> Brick	<input type="checkbox"/> Open-Sided	
b) Roof	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Tiles	<input type="checkbox"/> Others (please specify): _____
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Zinc	
c) Building Frame	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wooden	<input type="checkbox"/> Others (please specify): _____
	<input type="checkbox"/> Metal		

Name of Proposer:

Security Systems of Premises

1) 24-hours Watchman Services

☐ Yes☐ No

2) Burglar Alarm System

If Yes, please state:

Name of Brand:

Is it connected to a central monitoring station?:

☐ Yes☐ No

3) Grilled Doors

☐ Yes☐ No

4) Security Checkpoint

☐ Yes☐ No

5) Surveillance Camera

☐ Yes☐ No

6) Others, please specify:

Property to be Insured

Interests

☐ First Loss☐ Full Value

Sum Insured

Furniture, Fixtures & Fittings

S\$

Office & Business Equipments

S\$

Stocks & Materials consisting of:

S\$

Plant & Machinery

S\$

Others, please specify:

S\$

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\$

Name of Proposer:	
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Other Information

a) Are there any high value/attractive goods (e.g. bird nest, ginseng, sharks fin, abalone etc) stored in the Premises? If Yes, please state the types of high value/attractive goods: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is the Premises shared with others? If Yes, please state Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does the building adjoin any other Premises? If Yes, please state Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is there any insurance in force on the same property 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
e) Has any Insurance Company ever refused your Burglary Insurance Proposal or refused to renew your Burglary Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) 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

Details of Expiring Insurance

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

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.

Name of Proposer: _____

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:
- a) All information provided by me/us in connection with this application is true, accurate and complete
 - b) 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
 - c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
 - d) 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
 - e) 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