

Proposal Form

Consequential Loss

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 the 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"/> Warehouse <input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office _____
Construction of Premises	
a) Walls	<input type="checkbox"/> Abestos <input type="checkbox"/> Concrete <input type="checkbox"/> Open-sided <input type="checkbox"/> Others (please specify):
	<input type="checkbox"/> Brick _____
b) Roof	<input type="checkbox"/> Abestos <input type="checkbox"/> Tiles <input type="checkbox"/> Zinc <input type="checkbox"/> Others (please specify):
	<input type="checkbox"/> Concrete _____
c) Building Frame	<input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Wooden <input type="checkbox"/> Others (please specify):

Fire Fighting Applications

1. Fire Alarm If Yes, where is the fire alarm connected to? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Fire Extinguisher No. of Extinguisher: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Heat Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Hose Reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Proposer:

Fire Fighting Appliances

5. In-House Fire Brigade

If Yes, are they trained and no. of person in the team?

☐ Yes

☐ No

6. Smoke Detector

☐ Yes

☐ No

7. Sprinkler

☐ Yes

☐ No

8. Yard Hydrants

Number

☐ Yes

☐ No

9. Protection other than the above:

Security Systems of Premises

1. 24-hours Watchman Services

☐ Yes

☐ No

2. Burglar Alarm System

If Yes, please state

Name of Brand: Does it connect 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:

Period of Indemnity

☐ 6 months

☐ 12 months

☐ 18 months

☐ 24 months

☐ Others

Interest to be Insured

Interests	Sum Insured (S\$)
<div>a) Gross Profit</div> <div>(Note: This should be an estimated annual gross profit unless the Period of Indemnity exceeds 12 months when the amount should be increased proportionately. Please specify any Uninsured Working Expenses:</div> <div></div>	S\$
<div>b) If Payroll/Wages are excluded from gross profit, please state amount to be insured separately for the selected Period of Indemnity</div>	S\$
Total Sum Insured	S\$

Name of Proposer:

Interest to be Insured

Alternatively, the following Interests can be insured:	Sum Insured (S\$)
a) Standing Charges, please list: <div></div>	S\$
b) Net Profit	S\$
c) Auditor's Fees	S\$
Total Sum Insured	S\$

Other Information

a) Are there any hazardous goods stored in the premises?

If Yes, please state the types of hazardous goods:

☐ Yes☐ No

b) Is the Premises shared with others?

If Yes, please state its Nature of Business:

☐ Yes☐ No

c) Does the building adjoin any other premises?

If Yes, please state its Nature of Business:

☐ Yes☐ No

d) Is there any insurance on the same property in force for the same Period of Insurance being proposed?

If Yes, please state:

Name of InsurerSum Insured:S\$

☐ Yes☐ No

e) Has any Insurance Company ever refused your Consequential Loss Insurance Proposal or refused to renew your Consequential Loss policy?

☐ Yes☐ No

f) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?

☐ Yes☐ No

Claims Experience

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

Date of Loss	Nature of Loss	Amount Claimed

Name of Producer: _____

Details of Expiring Insurance

Name of Insurer: _____		Sum Insured: _____ S\$ _____
Annual Premium: _____ S\$ _____	Expiry Date: _____	Excess: _____

Details of Expiring Insurance

Special Terms and Conditions: _____

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