

## 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 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.: _____
Period of Insurance: From _____ to _____	No. of Years in Business _____
Mortgagee (if any): _____	
Nature of Business: (Please provide full description) _____	

### Details of Risk Premises

Address: _____ Postal Code ( ) _____	
Use of Premises: _____	Please specify if you selected "Others" under Use of Premises: _____
Construction of Premises:	
a) Walls _____	Others: _____
b) Roof _____	Others: _____
c) Building Frame _____	Others: _____



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### Fire Fighting Appliances

**1. Fire Alarm**

If Yes, where is the fire alarm connected to?

\_\_\_\_\_

**2. Fire Extinguisher**

No.o.

**3. Heat Detector**

**4. Hose Reels**

**5. In-House Fire Brigade**

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

\_\_\_\_\_

**6. Smoke Detector**

**7. Sprinkler**

**8. Yard Hydrants**

No.

**9. Protection other than the above:** \_\_\_\_\_

### Security System of Premises

**1. 24-hours Watchman Services**

**2. Burglar Alarm System**

If Yes, please state:

Name of Brand:

\_\_\_\_\_

Is it connected to a central  
monitoring station?

**3. Grilled Doors**

**4. Security Checkpoint**

**5. Surveillance Camera**

**6. Others, please specify:** \_\_\_\_\_



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### Property to be Insured

Interests	Sum Insured
Building/Improvement Cost	S\$
Furniture, Fixings & Fittings	S\$
Office & Business Equipment	S\$
Stocks & Materials Consisting of: _____	S\$
Plant & Machinery	S\$
Loss of Rent _____ months	S\$
Others, please specify: _____	S\$
<b>Total Sum Insured</b>	<b>S\$</b>

Cover Required \_\_\_\_\_

### 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 type of hazardous goods:

\_\_\_\_\_

**2. Is the Premises shared with others?**

If Yes, please state its Nature of Business:

\_\_\_\_\_



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**3. Does the building adjoin any other premises?**

If Yes, please state its Nature of Business:

\_\_\_\_\_

**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\$ \_\_\_\_\_

**5. Has any Insurance Company ever refused your Fire/All Risks Insurance Proposal or refused to renew your Fire/All Risks Policy?**

**6. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?**

### 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 cancelled 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 cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

#### DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I agree that all documents, representations & information furnished in and in connection with this application shall form the basis of the contract between Liberty and myself



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- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), both now and in advance as it may be amended from time to time.

### IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a **strict liability basis**, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer  
Company Stamp, if any

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us ([servicecenter@libertyinsurance.com.sg](mailto:servicecenter@libertyinsurance.com.sg)) or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

