

FIRE / BURGLARY / ALL RISKS / CONSEQUENTIAL LOSS INSURANCE PROPOSAL FORM

Note: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT [CAP 142] you are to disclose in this proposal form fully and faithfully all the facts which you know, otherwise the Policy issued hereunder may be void.
 This insurance is subject to Premium Payment Warranty Clause which requires the premium to be paid in full within a specific period failing which there will be no liability under the policy.

INSURED'S PARTICULARS		
Name of Insured:		
Address (Mailing):		
Contact No:	Fax:	E-mail Address:
NRIC/Passport of Owner (if applicable)		
Location(s) to be insured:		
Name of Mortgagee (if any):		
Nature of Business/Occupation:		
Period of insurance: From _____ To _____		
COVERAGE REQUIRED		
Item	Interest Insured	Sum Insured (\$\$)
1.	Building	
2.	Trade Machinery, Equipment & Plant	
3.	Stocks-in-trade consisting of:	
4.	Furniture, Fixtures & Fittings	
5.	Household Goods and Personal Effects (excluding jewellery)	
6.	Office Equipment	
7.	Loss of rent on _____ months	
8.	Others (please specify)	
TOTAL SUM INSURED		

COVERAGE REQUIRED					
Please tick <input checked="" type="checkbox"/> Coverage		S\$	Rate %	Premium S\$	Excess Any One Claim
<input type="checkbox"/> 1. Fire and EP	Sum Insured				
<input type="checkbox"/> 2. Burglary	1 st Loss Sum Insured On Interest Insured (Item 2-8)				
	Item _____	_____			
	Item _____	_____			
	Item _____	_____			
	Item _____	_____			
	Item _____	_____			
	Total Sum Insured				
	Full Value Sum Insured				
<input type="checkbox"/> 3. All Risk	Sum Insured				
<input type="checkbox"/> 4. Consequential Loss	Gross Profits				
	Wages				
	Auditors' Fees				
	Additional Increase In Cost Of Working				
	Indemnity Period _____ months <i>(Note: If Indemnity Period is more than 12 months, the sum insured on Gross Profits and Wages must be increased accordingly)</i>				
Total Premium	GST		Please Pay		

DESCRIPTION OF PROPERTY TO BE INSURED (Please Tick)
1. Of what materials are the premises constructed?

- a. Walls: Brick Concrete Asbestos Open-sided Others
- b. Roof: Tiles Concrete Asbestos Zinc Others
- c. Building Frame: Metal Concrete Wooden

2. a. State the details of Buildings:

- i) Age of buildings _____ ii) Number of buildings _____
- iii) Number of Storeys of each buildings _____

- b. Does the building adjoin any other premises? Yes No

If yes, state its nature of business: _____

- c. Are there any occupants in the same premises? Yes No

If yes, state its nature of business: _____

3. Fire/Burglary Protection:

- Fire Extinguisher Yes & Number _____ No
 - Yard Hydrants Yes & Number _____ No
 - Sprinkler Yes No
 - Hose reel Yes No
 - Fire Alarm Yes No
- If yes, where is the fire alarm connect to?
- Burglary Alarm Yes No
 - Smoker Detector Yes No
 - Heat Detector Yes No
 - Watchman Service Yes No
 - In house fire Brigade Yes No

If yes, are they trained and number of persons in the team.

- Other protection other than the above
- _____

4. a. For what purpose is the premises occupied: Dwelling Office Shop
 Warehouse factory Others (Please specify)

- b. Is there any manufacturing process carried out therein? Yes No

If yes, state its nature:

5. General Security of Premise		
▪ Occupied at nights ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Occupied at weekends ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Security Company Patrols ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there any hazardous good stored in the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state the type of hazardous goods:		
7. Is there any insurance on the same property in force? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state:		
i) Name of Insurer: _____		
ii) Amount Insured: _____		
8. Has any Company or Insurer		
a. declined to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. required special terms to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. cancelled or refused to renew your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. increased your premium on renewal ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide detail:		

9. Have your premises been burgled before, or an attempt thereat made by thieves? If so, what precautions have been taken to prevent re-occurrence?		

10. Give full particulars of all losses for the last 3 years.		
Date of loss	Nature of claim	Amount Claimed (\$\$)

Declaration:-

We/I hereby declare that the particulars and answers given above are true and correct to the best of our/my knowledge. We/I have not withheld any information likely to affect acceptance of this proposal, and We/I agree that this proposal shall be the basis of the contract between China Taiping Insurance (Singapore) Pte. Ltd. and ourselves/myself and We/I further agree to accept the Company's Policy subject to the terms, clauses and conditions prescribed by the Company therein.

Date

Agent's Name

Agent's Code

Agent's Contact No

Agent's Fax No

Agent's E-mail Address

Proposer's Signature & Company Stamp

This is not an insurance policy. However your declarations or disclosures shall form the basis of the contract of insurance. The Specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request. This insurance policy will not be in force until the proposal has been accepted by the insurance company.

FOR OFFICIAL USE ONLY

Authorised Signatory

Date: