

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

- Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142). You are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Please note that this Insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.
- Your Personal Data Is Important To Us. This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at [www.sg.cntaiping.com/en/privacypolicy](http://www.sg.cntaiping.com/en/privacypolicy)
- 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 CTPIS 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)).

**1 Insured's Particulars**

Name of Insured <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mdm		UEN No.
Mailing Address		
Country:	Postal Code:	
Contact Details		
Home No.:	Office No.:	
Mobile No. (Mandatory):	Email Address (Mandatory):	
NRIC/FIN/*Passport number (Please attach a copy of your Identity Document)		
		*Passport Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Location(s) to be insured		
Name of Mortgagee (if any)	Nature of Business/Occupation	
Period of insurance		
From	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	To <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

**2 Coverage Required**

Item	Interest Insured	Sum Insured (S\$)
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)	
<b>Total Sum Insured</b>		

## 2 Coverage Required (continued)

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

## 3 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:

Age of buildings: .....      Number of buildings: .....      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 <input type="radio"/> Yes & Number .....         | <input type="radio"/> No | Heat Detector <input type="radio"/> Yes <input type="radio"/> No         |
| Yard Hydrants <input type="radio"/> Yes & Number .....             | <input type="radio"/> No | Watchman Service <input type="radio"/> Yes <input type="radio"/> No      |
| Sprinkler <input type="radio"/> Yes <input type="radio"/> No       |                          | In house fire Brigade <input type="radio"/> Yes <input type="radio"/> No |
| Hose reel <input type="radio"/> Yes <input type="radio"/> No       |                          | If yes, are they trained and number of persons in the team?              |
| Fire Alarm <input type="radio"/> Yes <input type="radio"/> No      |                          | Other protection other than the above                                    |
| If yes, where is the fire alarm connect to? .....                  |                          | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |
| Burglary Alarm <input type="radio"/> Yes <input type="radio"/> No  |                          |  |
| Smoker Detector <input type="radio"/> Yes <input type="radio"/> No |                          |  |

### 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 of business: .....

### 3 Description Of Property To Be Insured (Please Tick) (continued)

#### 5. General Security of Premise

Occupied at nights?  Yes  No    Occupied at weekends?  Yes  No    Security Company Patrols?  Yes  No

#### 6. Are there any hazardous good stored in the premises?

Yes  No    If yes, state the type of hazardous goods:

.....

#### 7. Is there any insurance on the same property in force?

Yes  No    If yes, state

i) Name of Insurer: .....

ii) Amount Insured: .....

#### 8. Has any Company or Insurer

- a. declined to insure you?  Yes  No
- b. required special terms to insure you?  Yes  No
- c. cancelled or refused to renew your insurance?  Yes  No
- d. increased your premium on renewal?  Yes  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 (S\$)

### 4 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.

Proposer's Signature & Company Stamp

Agent's Name: \_\_\_\_\_ Date \_\_\_\_\_

Agent's Code: \_\_\_\_\_

Agent's Contact No.: \_\_\_\_\_

Agent's Fax No.: \_\_\_\_\_

Agent's E-mail: \_\_\_\_\_

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.

### 5 For Official Use Only

Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_

**This page is intentionally left blank**