

STANDARD SME PROPOSAL FORM

Important Notes

1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) or any amendments thereof. You are to disclose in the proposal, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
2. No insurance is in force until this application is accepted by the Company in accordance to policy terms, conditions and exclusions.
3. The specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.
4. If your proposal is accepted, it is a condition precedent to our liability under the Policy that the premium must be paid to and received by us within 60 days from the inception of the insurance, failing which the Policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.

This form is for information collection only. Actual submission should be done through SME Online (Transact).
For inquiries please call the AIG SME team at +65 6419 1800

POLICY DETAILS

Insured Details

Insured Name	
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Business Address (Location of Risk)

Block:		Street No. and Name	
Unit No.		Building Name	
Postal Code			

Correspondence Address Same as Business Yes No (If No, please provide details)

Block:		Street No. and Name	
Unit No.		Building Name	
Postal Code			

Contact Information

Contact Name		Office Telephone / Mobile Number	
Email Address		Website	

Other Details

Nature of Business			
What year was the business established?		No. of Employees in your Company	<input type="checkbox"/> Less than 200 <input type="checkbox"/> 200 or more

PRODUCER'S PARTICULARS

Name		Producer Code	
Telephone / Mobile Number		Email Address	

LOSS / INSURANCE HISTORY

1. Loss History

<p>Other than Work Injury Compensation claims, have you or any business partner or affiliated or subsidiary or branch or board of director in the last 3 years suffered any losses whether insured or otherwise or had any claims been made against you?</p> <p>If Yes, please provide details:</p> <p>Preventative Action Taken Since Loss Occurred:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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2. Insurance History

Have you or any business partner or affiliated or subsidiary or branch or board of director:

<p>Had any insurer decline an application of insurance, cancel or refuse to renew a policy, impose any special condition or declined any claim?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last 5 years ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Been convicted of or had any fines imposed for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes to any of the above questions, please provide details:</p>	

LOCATION DETAILS

1. Construction Details

a. Year of Construction	<input type="checkbox"/> Pre War <input type="checkbox"/> Post War
b. Are any main structures of the building made of wood or combustible materials If Yes, please identify those structures: <input type="checkbox"/> Wall <input type="checkbox"/> Roof <input type="checkbox"/> Column <input type="checkbox"/> Floor <input type="checkbox"/> Beam If No, Main Construction: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Steel	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there any cold rooms in the premises: <input type="checkbox"/> None <input type="checkbox"/> Yes – cold room with less than 15% of building area <input type="checkbox"/> Yes – cold room with 15% - 25% of building area <input type="checkbox"/> Yes – cold room with more than 25% of building area	

2. Fire Protection and Security.

Please tick () whichever is applicable.

<input type="checkbox"/> Sprinklered	<input type="checkbox"/> Smoke Alarms	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Gas Fire Suppression
<input type="checkbox"/> CCTV	<input type="checkbox"/> Roller Shutters	<input type="checkbox"/> Padlocks / Deadlocks on all doors
<input type="checkbox"/> Iron Bars / Grilles on all Windows		

Watchmen	<input type="checkbox"/> None <input type="checkbox"/> 24 hour security guard <input type="checkbox"/> Office hours
Security Alarm	<input type="checkbox"/> None <input type="checkbox"/> Monitored <input type="checkbox"/> Unmonitored
Is Insured a Tenant or an Owner?	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner

3. Surrounding Exposure.

<p>a.) Does the Insured occupy the whole building in which they are located?</p> <p>If No, please answer b.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b.) Is tenancy shared (no dividing wall):</p> <p>If Yes, please provide Nature of Business for each of the tenants who share the premises:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c.) Main Use of Building</p> <p> <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Education <input type="checkbox"/> Restaurant or Pub <input type="checkbox"/> Others, please specify: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial </p>	
<p>d.) Are there any industrial or warehouse businesses within 20 metres of the Insured's building?</p> <p>If Yes, what are the details of these businesses</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PROPERTY (COMPULSORY COVER)

1. Cover Type: Fire and Extraneous Perils Property All Risks

Building	
Contents, Fixtures and Fittings	
Plant and Machinery	
Stock	

Other Property Values	
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	Please Provide Details
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Policy Floater	
Policy Floater Description	

Removal of Debris	<input type="checkbox"/> Not Required <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20%
Loss of Rent	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000
Daily Cash	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$250/day <input type="checkbox"/> S\$350/day <input type="checkbox"/> S\$500/day <input type="checkbox"/> S\$750/day
Professional Fees	<input type="checkbox"/> Not Required <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%

2. Flood: No Flood Cover
 Full Value
 First Loss Limit: ____

Have you suffered any flood damage in the last 5 years? If Yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deductibles: <input type="checkbox"/> Property: <input type="checkbox"/> 100 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000 <input type="checkbox"/> Flood: <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	

Note: Flood coverage is optional. If selected, it will form part of Property cover.

PROPERTY SUBSECTIONS

1. Burglary: Yes No (If Yes, please provide details below)

Burglary Cover Type	<input type="checkbox"/> Burglary <input type="checkbox"/> Full Theft <input type="checkbox"/> Full Value <input type="checkbox"/> First Loss Limit: ____
Public Holiday Increase (for First Loss Limit)	<input type="checkbox"/> Not Required <input type="checkbox"/> 5% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%
Deductible	<input type="checkbox"/> Nil <input type="checkbox"/> 100 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000

Note: Burglary/Full Theft is an optional cover. Coverage will only be provided if selected.

2. Money: Yes No (If Yes, please provide details below)

On Premises	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> Other: ____
In Transit per Carrying Limit	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,500 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> Other: ____
Public Holiday Increase (for First Loss Limit)	<input type="checkbox"/> Not Required <input type="checkbox"/> 5% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%
Deductible	<input type="checkbox"/> Nil <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500

Note: Money is an optional cover. Coverage will only be provided if selected.

3. Glass (applicable to Fire and Extraneous Perils cover): Yes No (If Yes, please provide details below)

<input type="checkbox"/> First Loss Limit	<input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
<input type="checkbox"/> Full Replacement Value	
Deductible	<input type="checkbox"/> Nil <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500

BUSINESS INTERRUPTION

1. Cover Type

Cover Type	<input type="checkbox"/> Gross Revenue <input type="checkbox"/> Gross Profits <input type="checkbox"/> Net Profits <input type="checkbox"/> Loss of Gross Rental <input type="checkbox"/> Increase Cost of Working Only(ICOW)		
Indemnity Period	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months		
Sum Insured		ICOW Sum Insured	
Standing Charges Sum Insured (Optional)		Wages Amount (Optional)	
Policy Floater Sum Insured			
Does the Insured wish to declare uninsured working expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, please provide details of uninsured working expenses:		
Time Excess	<input type="checkbox"/> 12 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours		

2. Optional Extensions

Additional Increased Cost of Working (AICOW)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> Other: ____		
Customer and Suppliers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prevention of Access	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> Other: ____		
Auditors Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Amount:		
Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Amount:		



Other Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Amount:
Book Debts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Amount:

LIABILITY

1. Public Liability

Limit of Liability	<input type="checkbox"/> S\$500,000 <input type="checkbox"/> S\$1,000,000 <input type="checkbox"/> S\$2,000,000 <input type="checkbox"/> S\$5,000,000 <input type="checkbox"/> S\$10,000,000 <input type="checkbox"/> Other:
Is this property owned as a landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees at this location	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> Over 250
Turnover at this location	<input type="checkbox"/> Up to S\$500,000 <input type="checkbox"/> S\$500,001 to S\$1,000,000 <input type="checkbox"/> S\$1,000,001 to S\$2,000,000 <input type="checkbox"/> S\$2,000,001 to S\$10,000,000 <input type="checkbox"/> S\$10,000,001 and above
Territorial Limits	<input type="checkbox"/> Singapore <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide including USA and Canada <input type="checkbox"/> Worldwide excluding USA and Canada
Deductible	Property Damage: <input type="checkbox"/> Nil <input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000
	Personal Injury: <input type="checkbox"/> Nil <input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000

2. Optional Extensions

Care Custody and Control	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> Other: ____
Manual Work Away From Premise	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Proportion of Total Value of Work: <input type="checkbox"/> <10% <input type="checkbox"/> 10% to <25% <input type="checkbox"/> 25% to <50% <input type="checkbox"/> Over 50%
Parking Facilities on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Spaces: <input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11 – 50 <input type="checkbox"/> 51 – 200 <input type="checkbox"/> Over 200
Food Poisoning	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> S\$150,000



3. Products Liability Yes No

If Yes, please provide details by completing the Product Liability Insurance Proposal Form.

Please download and complete the Product Liability Insurance Proposal Form if Product Liability Insurance Quotation is required.

POLICY WIDE SECTIONS

1. Work Injury Compensation: Yes No (If Yes, please provide details below)

Employer's Name		Employer's Unique Entity No. (UEN)	
Territorial Limits	<input type="checkbox"/> Singapore <input type="checkbox"/> Worldwide		

This section 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 your insurer (or name of Scheme member) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Description of Occupations of Employees	Estimated Number of Employees	Estimated Wages

How many claims have been made in the last 3 years?	
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Please enter details of the claims for each of the last three years, including the count of employees and wages at the end of the period, the number of claims and the total amount paid and the estimated amount outstanding:

Period	Employee Count	Employee Wages	Number of Claims	Amount Paid	Estimate Amount Outstanding
Last 12 months					
13 – 24 months ago					
25 – 36 months ago					

<p>Do employees undertake any of the following activities:</p> <ul style="list-style-type: none"> • Climbing works • Underground, digging, excavation • Blasting, demolition • Others • Scaffolding, gondolas, etc. • Piling • Oil rigs, etc. <p>If Yes to any of the above, please provide activity details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Machinery Breakdown: Yes No (If Yes, please provide details below)

On-site Items Sum Insured at all Insured Locations	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> Other: ____
Off-site Items Sum Insured	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____

Any On-Site Item Valued over S\$15,000, please enter Manufacturer, Model, Year of Manufacture, Value and Serial Number

Manufacturer	Model	Year of Manufacture	Value	Serial Number

Extensions

Deterioration of Stock	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
Loss Profits	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$15,000 <input type="checkbox"/> Other: ____
Indemnity Period	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months

Deductibles

On-Site Items	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$200 <input type="checkbox"/> S\$500
Deterioration of Stock	<input type="checkbox"/> S\$200 <input type="checkbox"/> S\$500
Off-site Items	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$200 <input type="checkbox"/> S\$500
Loss of Profits	<input type="checkbox"/> 3 days <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 28 days

3. Electronic Equipment: Yes No (If Yes, please provide details below)

Material Damage Sum Insured (excluding portable equipment)	<input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> Other: ____ <input type="checkbox"/> Require portable equipment only			
Other Material Damage Sum Insured				
Main Location of Equipment	<input type="checkbox"/> Business Location		<input type="checkbox"/> 3 rd party data centre located elsewhere	
	If 3 rd part data centre, please provide details below:			
	Block:		Street No. and Name	
	Unit No.		Building Name	
	Postal Code			

Data Centre Fire Protection and Security

Please tick () whichever is applicable.

<input type="checkbox"/>	Sprinklered	<input type="checkbox"/>	CCTV	<input type="checkbox"/>	Padlocks / Deadlocks on all doors
<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	Smoke Alarms	<input type="checkbox"/>	Gas Fire Suppression
<input type="checkbox"/>	Hydrants	<input type="checkbox"/>	Hose Reels	<input type="checkbox"/>	Roller Shutters
<input type="checkbox"/>	Iron Bars / Grilles on all Windows				

Watchmen	<input type="checkbox"/> None <input type="checkbox"/> 24 hour security guard
Security Alarm	<input type="checkbox"/> None <input type="checkbox"/> Monitored <input type="checkbox"/> Unmonitored
Portable Equipment Sum Insured	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> Other: ____
Territorial Limits	<input type="checkbox"/> Singapore <input type="checkbox"/> Worldwide
Any on-site item valued over S\$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any portable item values over S\$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please enter Description of the Item, Year of Manufacture, Value, Serial Number, whether the item is maintained according to manufacturer's instructions

Description	Year of Manufacturer	Value	Serial Number	Maintained according to manufacturer instructions
				<input type="checkbox"/>

				<input type="checkbox"/>

Deductibles

Material Damage (excluding portable equipment)	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$500
Portable Equipment	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$500

Extensions

Rewriting of Records Sum Insured	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$5,000
Deductible	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$500
	Data Backup Frequency:
Data Backup Off-site Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICOW Sum Insured	<input type="checkbox"/> Not Required <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$20,000
Time Deductible	<input type="checkbox"/> 3 days <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 28 days
Indemnity Period	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months

4. Fidelity: Yes No (If Yes, please provide details below)

Limit of Liability Per Event and in the Aggregate	<input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
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Category of Employees		
<input type="checkbox"/> Professional, Executive, Management	Number of Employees:	
	Limit of Liability Per Employee	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
<input type="checkbox"/> Staff with access to money	Number of Employees:	
	Limit of Liability Per Employee	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
<input type="checkbox"/> Staff without access to money	Number of Employees:	
	Limit of Liability Per Employee	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
Deductible	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$500	

5. Group Personal Accident: Yes No (If Yes, please provide details below)
 (*Subject to an Aggregate Limit of Indemnity at S\$1,000,000)

Cover Type	<input type="checkbox"/> Named <input type="checkbox"/> Unnamed (select one only)
Please provide details of employee categories	
No. of Employees	
Weekly Indemnity (TTD / TPD)	<input type="checkbox"/> 50 / 25 <input type="checkbox"/> 100 / 50 <input type="checkbox"/> 150 / 75 <input type="checkbox"/> 250 / 125 <input type="checkbox"/> 500 / 250 <input type="checkbox"/> 1,000 / 500
*Accidental Death and Permanent Disablement	<input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> S\$150,000 <input type="checkbox"/> S\$200,000
Accidental Medical Reimbursement	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$1,500 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000

Any employee undertakes hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:



6. Inland Transit: Yes No (If Yes, please provide details below)

Cover Type	<input type="checkbox"/> Fire, Collision and Overturning <input type="checkbox"/> All Risks
Limit of Liability per Sending	<input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$10,000 <input type="checkbox"/> Other: ____
Type of Goods	
Hazardous Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:
Deductible	<input type="checkbox"/> S\$100 <input type="checkbox"/> S\$500

FINANCIAL INTEREST

1. Financial Interest. If any, please provide details below.

Name		Nature of Interest	
Block		Street No. and Name	
Unit No.		Building Name	
Postal Code			



2. Item of Interest

Policy / Section / Location		Amount of Interest	
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Policy / Section / Location	Item Description	Unit No.	Amount of Interest

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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.aig.com.sg or www.gia.org.sg or www.sdic.org.sg).

We agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. ("AIG") (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to us, and to communicate with us for any purposes.

CONTACT

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