

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.

Policy Details

1. Insured Details

Insured Name: _____

2. 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: _____

3. Contact Information

Contact Name: _____ Contact Mobile Number: _____

Contact Email Address: _____ Website: _____

Office Telephone Number: _____ Office Facsimile Number: _____

4. Other Details

Nature of Business: _____

What year was the business established: _____ No of employees in your company Less than 200 200 or more

Producer's Particulars

Name: _____

Producer Code: _____ Email Address: _____

Contact Number: _____ Facsimile Number: _____

Loss / Insurance History

1. Loss History

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? Yes No

If Yes, please provide details:

Preventative Action Taken Since Loss Occurred

2. Insurance History

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

- Had any insurer decline an application of insurance, cancel or refuse to renew a policy, impose any special condition or declined any claim?
 Yes No

- In the last 5 years ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration?
 Yes No

- Been convicted of or had any fines imposed for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?
 Yes No

If Yes to any of the above questions, please provide details:

Location Details

1. Construction Details

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

2. Fire Protection and Security (please tick whichever is applicable)

- Sprinklered Smoke Alarms Fire Extinguishers
 Hose Reels Hydrants Gas Fire Suppression
 CCTV Roller Shutters Padlocks/Deadlocks on all doors
 Iron Bars/Grilles on all windows
- Watchmen: None 24 hour security guard Office hours
Security Alarm: None Monitored Unmonitored
Is Insured a Tenant or an Owner Tenant Owner

3. Surrounding Exposure

- a) Does the Insured occupy the whole building in which they are located Yes No
(if no, please answer b)
- b) Is tenancy shared (no dividing wall): Yes No
If Yes, please provide Nature of Business for each of the tenants who share the premises

- c) Main Use of Building: Office Education Residential Retail Restaurant or pub Industrial Warehouse
 Others: _____
- d) Are there any industrial or warehouse businesses within 20 metres of the Insured's building Yes No
If Yes, what are the details of these businesses

Property (Compulsory Cover)

1. Cover Type

- Fire and Extraneous Perils Property All Risks

Building: _____ Removal of Debris: Not Required 5% 10% 15% 20%
Contents, Fixtures and Fittings : _____ Loss of Rent: Not Required S\$1,000 S\$5,000 S\$10,000
Plant and Machinery : _____ Daily Cash: Not Required S\$250/day S\$350/day S\$500/day
Stock: _____ S\$750/day
Other Property Values : _____ Professional Fees: Not Required 5% 10% 15%
Please Provide Details: _____
Policy Floater: _____
Policy Floater Description: _____

2. Flood

- No Flood Cover Full Value First Loss Limit: _____

Have you suffered any flood damage in the last 5 years Yes No

If Yes, please provide details:

Do you have a basement Yes No
Deductibles: Property: 100 500 1000 2000 5000
 Flood: 250 500 1000

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: Burglary Full Theft
 Full Value First Loss Limit : _____
Public Holiday Increase (For First Loss Limit) Not Required 5% 15% 20% 25%
Deductible Nil 100 500 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 Not Required S\$5,000 S\$10,000 S\$15,000 S\$25,000 Other: _____
In Transit per Carrying limit Not Required S\$1,000 S\$2,500 S\$5,000 S\$10,000 S\$15,000 S\$25,000 Other: _____
Public Holiday Increase (For First Loss Limit) Not Required 5% 15% 20% 25%
Deductible Nil 100 250 500

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

First Loss Limit S\$2,000 S\$5,000 S\$10,000 Other: _____
 Full Replacement Value
Deductible Nil 100 250 500

Business Interruption

1. Cover Type Gross Revenue Gross Profits Net Profits Loss of Gross Rental Increase Cost of Working Only(ICOW)

Indemnity Period 3 months 6 months 9 months 12 months 18 months 24 months 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 Yes No
If yes, please provide details of uninsured working expenses _____
Time Excess: 12 Hours 24 Hours 48 Hours

2. Optional Extensions

Additional Increased Cost of Working(AICOW) Yes No S\$5,000 S\$10,000 S\$25,000 S\$50,000 Other: _____
Customer and Suppliers Yes No
Infectious Diseases Yes No S\$10,000 S\$25,000 S\$50,000 S\$100,000 Other: _____
Deductible 7 days 14 days 21 days
Prevention of Access Yes No
Public Utilities Yes No S\$10,000 S\$25,000 S\$50,000 S\$100,000 Other: _____
Auditors Fees Yes No Amount : _____
Payroll Yes No Amount : _____
Other Sum Insured Yes No Amount : _____
Book Debts Yes No Amount : _____

Liability

1. Public Liability

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

2. Optional Extensions

Care Custody and Control Yes No S\$10,000 S\$20,000 S\$50,000 Other : _____

Manual Work Away From Premise Yes No Proportion of Total Value of Work <10% 10% to <25% 25% to <50% Over 50%

Parking Facilities on Premises Yes No Number of Spaces 1-10 11-50 51-200 Over 200

Food Poisoning Yes No S\$10,000 S\$15,000 S\$25,000 S\$50,000
 S\$100,000 S\$150,000

Contractual Liability Yes (Please provide details of relevant contracts _____)
 No

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)
 Territorial Limits: Singapore Worldwide

Description of Occupations of Employees	Estimated Number of Employees	Estimated Wages

How many claims have been made in the last 3 years _____
 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					

Do employees undertake any of the following activities: Yes No

- climbing works
- underground, digging, excavation
- blasting, demolition
- others
- scaffolding, gondolas, etc
- piling
- oil rigs, etc

If yes to any of the above, please provide activity details: _____

2. Machinery Breakdown Yes No (If yes, please provide details below)

On-site Items Sum Insured at all Insured Locations
 Not Required S\$5,000 S\$10,000 S\$20,000 Other: _____

Off-Site Items Sum Insured
 Not Required S\$5,000 S\$10,000 Others: _____

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 Not Required S\$2,000 S\$5,000 S\$10,000 Others: _____
 Loss of Profits Not Required S\$5,000 S\$10,000 S\$15,000 Others: _____
 Indemnity Period 3 months 6 months 9 months 12 months 18 months 24 months

Deductibles

On-Site Items S\$100 S\$200 S\$500 Off-Site Items S\$100 S\$200 S\$500
 Deterioration of Stock S\$200 S\$500 Loss of Profits 3 days 7 days 14 days 28 days

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

Material Damage Sum Insured (excluding portable equipment): S\$5,000 S\$10,000 S\$20,000 S\$50,000 S\$100,000
 other Require portable equipment only

Other Material Damage Sum Insured: _____

Main Location of Equipment Business Location 3rd party data centre located elsewhere

If 3rd party 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)

Sprinklered Smoke Alarms
 Fire Extinguishers Hose Reels
 Hydrants Gas Fire Suppression
 CCTV Roller Shutters
 Padlocks/Deadlocks on all doors Iron Bars/Grills on all windows
 Watchmen None 24 hour security guard Security Alarm None Monitored Unmonitored
 Portable Equipment Sum Insured Not Required S\$5,000 S\$10,000 S\$20,000 Other: _____
 Territorial Limits: Singapore Worldwide
 Any on-site item valued over S\$10,000 Yes No
 Any portable item values over S\$10,000 Yes 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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Deductibles

Material Damage (excluding portable equipment) S\$100 S\$500
 Portable Equipment S\$100 S\$500

Extensions

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

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

Limit of Liability Per Event and in the Aggregate S\$1,000 S\$2,000 S\$5,000 S\$10,000 Other: _____

Category of Employees:

Professional, Executive, Management Number of Employees: _____

Limit of Liability Per Employee S\$500 S\$1,000 S\$5,000 S\$10,000 Other: _____

Staff with access to money Number of Employees: _____

Limit of Liability Per Employee S\$500 S\$1,000 S\$5,000 S\$10,000 Other: _____

Staff without access to money Number of Employees: _____

Limit of Liability Per Employee S\$500 S\$1,000 S\$5,000 S\$10,000 Other: _____

Deductible S\$100 S\$500

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

Cover Type Named Unnamed (Select one only)

Please provide details of employee categories: _____

No. of employees: _____

Weekly Indemnity (TTD / TPD) 50 / 25 100 / 50 150 / 75 250 / 125 500 / 250 1,000 / 500

*Accidental Death and Permanent Disablement S\$50,000 S\$100,000 S\$150,000 S\$200,000

Accidental medical Reimbursement S\$500 S\$1,000 S\$1,500 S\$2,000 S\$3,000

Any employee undertakes hazardous activities? Yes No

If yes, please provide details: _____

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

Cover Type Fire, Collision and Overturning All Risks

Limit of Liability per Sending S\$2,000 S\$5,000 S\$10,000 Other: _____

Type of Goods: _____

Hazardous Goods Yes No If Yes, please provide details _____

Deductible S\$100 S\$500

Financial Interest

1. Financial Interest (If any, please provide the details)

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: _____

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).

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