

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

## PROPOSER INFORMATION

### Personal Details

Name (Mr/Mrs/Mdm/Miss): \_\_\_\_\_ NRIC/FIN No.: \_\_\_\_\_  
Date of Birth (DD/MM/YY): \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

### Spouse's Details

Name (Mr/Mrs/Mdm/Miss): \_\_\_\_\_ NRIC/FIN No.: \_\_\_\_\_  
Date of Birth (DD/MM/YY): \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

### Contact Details

Correspondence Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ (HP) \_\_\_\_\_ (H) \_\_\_\_\_ (O)  
Email: \_\_\_\_\_

### Risk Location

Risk Location (If different from correspondence address): \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Type of Dwelling:  Bungalow  Semi-Detached  Terrace  Condominium/Executive Condominium  HDB  Others \_\_\_\_\_  
Is the Property more than 50 years old?  Yes  No Please specify year of construction: \_\_\_\_\_

### Security Details

1. Is there 24-hour security at the property?  Yes  No  
2. Is there security system installed at the risk location?  Yes  No  
3. Is the property fitted with fire/smoke detector(s)?  Yes  No  
4. Is there a safe for the storage of valuable items?  Free Standing  Bolted down  No  
If No, please specify how and where the valuables are stored: \_\_\_\_\_

### Occupancy and Use

1. Occupancy Type  Owner Occupied  Rented to You  Rented to Others  
2. Is the property likely to be left unoccupied for more than 60 consecutive days in any one calendar year?  Yes  No  
3. Is the property used for any trade or professional use?  Yes  No

### Loss History

1. Have you made any similar insurance claims in the last 3 years?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
2. Has any insurer ever refused to accept, renew or continue with your insurance cover?  Yes  No  
If yes, please provide details: \_\_\_\_\_

## BUILDING REPLACEMENT VALUE TABLE

The table below is intended as a general guide for your calculation of the Building Replacement Value to various private residential developments. Construction Floor Area (CFA) is the area of all building enclosed covered spaces measured to the outside face of the external walls including covered basement and above ground car park area (Source: General Insurance Association of Singapore).

Condominium	Cost per CFA (\$\$/psm)	Landed Residential	Cost per CFA (\$\$/psm)
Good-Quality Condominium	\$2,875	Semi-detached House	\$2,875
Luxury-Quality Condominium	\$3,825	Terrace House	\$2,525
		Detached House	\$4,550

For example, Mr Koh lives in a Good-Quality condominium at Yishun with a built-in area of 1,367 sqf. To obtain his building replacement value:

Built-in area = 1,367 sqf = 127 sqm

Based on estimated unit cost of \$2,875/sqm, his estimated reconstruction cost = 127 x \$2,875 = (A)

Professional fees: 10% of (A) = (B)

Demolition and removal of debris: 5% of (A) = (C)

Estimated Building Replacement Value = (A) + (B) + (C)

## MAIN COVERAGE (Please choose at least one cover)

### Building (Insured Perils Cover)

	Rate	Replacement Value	Premium
1. Building (Built-in Area _____ sqf) 1 sqm = 10.764 sqf	0.055%	\$ _____	\$ _____
2. Fixtures and Fittings (e.g. built-in cabinets, lightings)	0.055%	\$ _____	\$ _____
<b>Total Sum Insured for Building</b>		\$ _____	\$ _____

Note: Please refer to the Building Replacement Value Table overleaf for more information on calculating Building Replacement Value. Please ensure that the sum insured is adequate up to the full cost of replacing the Building, Fixtures and Fittings (including renovations) as Insurance to value clause applies. Please refer to the Policy for full terms and conditions.

### Contents (All risks cover within insured premises)

Each item/pair/set shall not exceed \$10,000 unless they are specially itemised under Contents Scheduled Items and are accepted by AIG Asia Pacific Insurance Pte. Ltd. (AIG). Scheduled Items must be accompanied by receipts or valuation certificates.

Non-Scheduled Items	Rate	Replacement Value	Premium
1. Household Contents	0.35%	\$ _____	\$ _____
2. Fixtures and Fittings (Applicable only if Building not taken up)	0.13%	\$ _____	\$ _____
3. Works of Arts/Personal Collections	0.35%	\$ _____	\$ _____
4. Personal Valuables (i.e. gold, silver, other precious metal, jewelry, furs, pens & watches)	0.35%	\$ _____	\$ _____
5. Others (Please specify: _____)		\$ _____	\$ _____

Scheduled Item(s)

Descriptions of Items	Replacement Value	Premium
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Note: Please ensure that the sum insured is adequate up to the full cost of replacing the Insured Contents as Insurance to Value clause applies. Please refer to the Policy for full terms and conditions.

**PLUS COVERAGE (Optional with selection of building/contents cover)**

**Personal Effects**

Plans Available	Rate	Sum Insured	Premium
<input type="checkbox"/> Individual Plan	1.4%	\$ _____	\$ _____
<input type="checkbox"/> Proposer and Spouse Plan	2.5%	\$ _____	\$ _____
<input type="checkbox"/> Family Plan	3.5%	\$ _____	\$ _____

Each item/pair/set shall not exceed \$10,000 unless they are specially itemised under Contents Scheduled Items and are accepted by AIG.

Note: Please ensure that the sum insured is adequate up to the full cost of replacing the Insured Personal Effects as Insurance to value clause applies. Please refer to the Policy for full terms and conditions.

**Identity Fraud**

Worldwide Coverage	Options Available	Sum Insured	Premium
	<input type="checkbox"/> Individual Plan	\$10,000	\$35
		\$20,000	\$75
	<input type="checkbox"/> Family Plan	\$10,000	\$60
		\$20,000	\$120

**Multi-Appliances Extended Warranty**

Options Available	Sum Insured	Premium
<input type="checkbox"/> Kitchen Products	\$2,000	\$140
<input type="checkbox"/> Home Products	\$2,000	\$285

**Domestic Workers**

Options Available	Sum Insured	Premium
<input type="checkbox"/> 1 Domestic Worker	\$10,000 each	\$25
<input type="checkbox"/> 2 Domestic Worker	\$10,000 each	\$50

**Bicycle Coverage**

	Rate	Total Sum Insured	Premium
Number of Bicycles: _____ (Sum Insured is fixed at \$1,000 per Bicycle)	2.5%	\$ _____	\$ _____

**Tenant's Liability**

Sum Insured	Premium
\$100,000	\$50

Total Gross Premium Payable: \$ \_\_\_\_\_

GST: \$ \_\_\_\_\_

Total Premium Payable: \$ \_\_\_\_\_

(Subject to minimum premium of \$100 before tax)

## PERIOD OF INSURANCE

Proposed period of insurance to take effect from \_\_\_\_\_ for 1 year.

## PAYMENT MODE

By **Credit Card**    VISA

Card No.: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

By **Cheque**  
Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

## IMPORTANT

- No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from this policy.

## DECLARATION AND AUTHORISATION

I/We declare:

- That in respect of any of the risks to be insured:
  - No loss, damage, injury or liability has arisen in the last few years; and
  - There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
- That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
- That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap.142) (Amendment of First Schedule) Order 2010.
- That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their associations, courts, other alternative (iv) governmental / regulatory authorities stated in AIG's Data Privacy Policy which include:

- Processing, underwriting, administering and managing my/his/her relationship with AIG;
- Audit compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- Managing AIG's infrastructure and business operations; and
- Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- enroll me/him/her in contests, prize draws and similar promotions; and
- contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you or such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at + 65 6419 3000. Alternatively, you or such individual can opt out via our website at <http://www-411.aig.com.sg/contactus/CustomerForm.aspx>.

Signature of Proposer \_\_\_\_\_

Date \_\_\_\_\_

Producer's Name:	
Producer's Code:	

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.

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