

## AIG Asia Pacific Insurance Pte. Ltd.

# **IPO Protector Insurance Questionnaire for Insureds**



Notice: Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; You are to disclose in this application, 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 this policy.

## Questionnaire for Insureds

Deta	Details of the Proposer				
		_			
1.	(a)	Name of Issuer:			
	(b)	Name of Issuer Contact:			
	(c)	Issuer Contact e-mail Address:			
	(d)	Address of Head Office:			
	(e)	Country of Registration:			
	(f)	The Issuer has been continually operating since?			
	(g)	Issuer's Website			



2. Please list all Subsidiaries of the Issuer for which cover is required under this policy.

Name of Issuer	% of Ownership	Country of Registration

Note: In the questions which follow a reference to the "Issuer" is to be taken as a reference to the Issuer referred to in Q1(a) and the Subsidiaries referred to in Q2 above.

3.	(a)	Are any of the Issuer's Securities Publicly Traded?			☐ Yes ☐ No
		· •	ndicate below which type of Securities are ad give specific details of these Securities by ent.		
		Equity			
		Debt			
		Mixed			
	(b)	Total Number of \	/oting Shares:		
	(c)	Total Number of	Voting Shareholders:		
	(d)		f Voting Shares owned by the Issuer's cers both Directly and Beneficially:		



(e)	Does any Shareholder own 15% or more of the Voting Shares Directly or Beneficially?	□ Yes	□ No
	If "Yes", please provide the Names of these Shareholders and their Percentage of Holdings.		
(f)	Are there any Shareholders which, Directly or Beneficially, own less than 15% of the Voting Shares and have Board Representation?	□ Yes	□ No
	If "Yes", please provide the Names of these Shareholders and their Percentage of Holdings.		
(g)	Are there Other Securities Convertible to Voting Shares?	☐ Yes	□ No
	If "Yes", please provide details using a separate attachment.		
During	the Last Three (3) Years has:		
(a)	the Name of the Issuer changed?	☐ Yes	□ No
(b)	any Acquisition or Merger involving the Issuer taken place?	☐ Yes	□ No
(c)	any Subsidiary of the Issuer been sold or ceased trading?	☐ Yes	□ No
(d)	the Capital Structure of the Issuer changed?	☐ Yes	□ No
	answer to any of the above is "Yes", please provide details using arate attachment.		
(a)	Other than as may be described in the Disclosure Documents forming part of this proposal, has the Issuer any Acquisition, Tender Offer or Merger, pending or under consideration?	□ Yes	□ No
(b)	If "Yes", has this been Approved by the Board of Directors?	☐ Yes	□ No
	Date of approval (dd/mm/yyyyy):	/	/
(c)	Is the Issuer aware of any Proposal relating to its Acquisition by Another Issuer?	□ Yes	□ No

4.

5.



6.	Is the I	ssuer:			
	(a)	Listed on the Singa	pore Stock Exchange in Singapore?	☐ Yes	□ No
	(b)	Listed on any USA	Stock Exchange?	☐ Yes	□ No
	(c)	Listed on any other	Foreign Stock Exchanges?	☐ Yes	□ No
		If the answer to an Exchange and Type			
	(d)	Listed on any Uni Exchange?	listed Securities Market or Exempt Stock	□ Yes	□ No
	(e)	Traded in any Othe	r Way?	☐ Yes	□ No
		If the answer to any details using a sepa	of the above is "Yes", please provide arate attachment.		
7.		the Issuer have any r Canada?	Assets in, or Business Activities with, the	□ Yes	□ No
	If "Yes	", please provide det	ails using a separate attachment.		
8.	Officer		its Directors and Officers have Directors & e currently in force? Use a separate	□ Yes	□ No
	If "Yes	", please state:			
	(a)	Insurer:			
	(b)	Name of Insured:			
	(c)	Indemnity Limit:			
	(d)	Policy Number:			
	(e)	Expiry Date:			
9.	specia		any Insurer decline a proposal, impose any fuse to renew a Directors & Officers Liability	□ Yes	□ No
	If "Yes", please provide details using a separate attachment.				



10.	Have any Directors or Executive Officers of the Issuer resigned or been replaced in the past 12 months?	☐ Yes ☐ No
	If "Yes", please provide details using a separate attachment.	
11.	Has the Issuer changed its External Auditor in the Past 5 Years?	☐ Yes ☐ No
	If "Yes", please advise the firms involved and why using a separate attachment.	
12.	Does the Issuer intend to change its External Auditor in the Next 12 months?	□ Yes □ No
	If "Yes", please provide details using a separate attachment.	
13.	Have all the Revenue Recognition Practices used by the Issuer been approved by its External Auditor?	□ Yes □ No
	If "No", please provide details using a separate attachment.	
14.	Does the Issuer or any of its Directors and Officers have any interests in any partnerships or special purpose vehicles or entities which are in any way related to the Issuer?	☐ Yes ☐ No
	If "Yes", please provide details using a separate attachment.	
15.	Has the Issuer ever Re-stated its Financial Results?	☐ Yes ☐ No
	If "Yes", please provide details using a separate attachment.	
16.	Does the Issuer anticipate incurring a significant One Time Charge to earnings, or having to Re-State Earnings, in the next 12 months?	☐ Yes ☐ No
	If "Yes", please provide details using a separate attachment.	
17.	Does the Issuer have Written Corporate Policies as regards the ability of Directors, Officers and Employees to purchase or sell the Issuer's Securities, including the ability to exercise Share Options?	□ Yes □ No



# **Disclosure Documents (including any USA SEC Registration Statements)**

18.	Please provide the following details for the Disclosure Documents (including any USA SEC Registration Statements) for which cover is required under this policy.				
	Filing Date (dd/mm/yyyy)	Disclosure Document		nt Registration (if applicable)	
Clair	ms Information				
	Enquiries should be made before answering these ques	of all Directors and Appropri	ate Staff		
19.	Has there ever been, or is the Directors or Officers of the Officers of the Issuer?	☐ Yes ☐ No			
20.	Is the Issuer aware of any facts which might give rise to a claim being made against any Directors or Officers in their capacity as Directors or Officers of the Issuer?			☐ Yes ☐ No	
21.	Has any Director or Officer disciplinary action, been fined inquiry or investigation in their				
	organisation?	□ Yes □ No			
22.	Is the Issuer aware of any facts which might give rise to a claim being made against the Issuer?			□ Yes □ No	
23.	Is the Issuer aware of any p disclosure documents or relate	ootential error or omission in a d statements?	ny of the	☐ Yes ☐ No	
If the answer is "Yes" to any one of Questions 19, 20, 21 or 22, 23 please provide details using a separate attachment					



Opti	onal E	Extensions					
24.	Additi	Additional Insureds					
	Directo	Do you want the policy to cover parties other than the Issuer and its Directors and Officers for Securities Claim (as defined by the policy) made against them?					
	If "Yes	If "Yes", please provide the following details.					
			(	Cover Requested	Listed in the Disclosure Document		
	(a)	Controlling Shareho	lders	□ Yes □ No	☐ Yes ☐ No		
	(b)	Selling Shareholder	S	☐ Yes ☐ No	□ Yes □ No		
	Note:	Note:					
Limi	to AIG Upon	Each Additional Insured requesting cover under this policy must Complete and Submit to AIG Asia Pacific Insurance Pte. Ltd. an Approved Declaration which is available Upon Request.					
25.	Please	e indicate the Limit of	Liability you req	uire.			
	□ SGI	D 5 million 🔲 S	GD 10 million	☐ SGD 20 mi	llion		
	☐ Oth	er, please state					

ONCE YOU HAVE COMPLETED THE QUESTIONS ABOVE PLEASE SIGN AND DATE THE QUESTIONNAIRE AT THE DECLARATION ON THE NEXT PAGE. SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.



#### **Declaration**

We declare that we have made all necessary enquires into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. We agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

We confirm that we are authorised by the Issuer and its Directors to complete, sign and submit this proposal on behalf of the Issuer and its Directors. (To be signed by the Chairman and an Executive Officer)

Name:			Name:	
Title:	Chairma	an	Title:	
Signatu	re:		Signature:	
Date:			Date:	

I/We agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG Asia Pacific Insurance Pte. Ltd. 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 Asia Pacific Insurance Pte. Ltd. believes may be of interest to me/us, and to communicate with me/us for any purposes.



### **Please Enclose with this Proposal Form**

- 1. A copy of the final Disclosure Documents (including any USA SEC Registration Statements) for which cover is required under this policy.
- 2. A copy of the Due Diligence Committee's Report(s).
- 3. The last two Annual Reports and Financial Statements for the Issuer and the last two Interim Financial Statements for the Issuer (if applicable).
- 4. All Disclosure Documents (including any USA SEC Registration Statements) issued by the Issuer in the Last 5 Years, including any amendments thereto.
- Declarations Signed and Dated by each Additional Insured for which cover is requested under Question 24.