

Chubb Elite Real Estate Professional Indemnity Insurance

Application Form for Real Estate Professionals



Important Notices

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. If you are unsure whether a matter is material, you should disclose it. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

Change of Risk or Circumstances

You should advise the insurer as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company (who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance) that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

1. Details of Applicant

- (a) Name of Real Estate Agency (Applicant) _____
- (b) Address _____
- (c) Tel No. _____
- (d) Email Address _____
- (e) Number of Salesperson(s) _____
- (f) Requested Policy Commencement Date _____ (DD/MM/YYYY)

Note: Any material change in risk during the policy period (including more than 50% increase in number of salespersons) must be declared to Chubb. Chubb reserves the right to revise policy terms and conditions including charging additional premium.

2. Statement of Facts

1. Is the Proposer involved in any valuation and/or en bloc sales transactions? Yes No
2. Has any application for similar insurance been refused, or has any similar insurance ever been rescinded or terminated? Yes No
3. Has any claim ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former principals, partners, directors, employees, real estate salespersons, or any other person or entity applying to be insured under this proposed contract of insurance? Yes No
4. Are any of the principals, partners, directors, real estate salespersons or employees aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this application of insurance? Yes No
5. Do you undertake any work outside of Singapore? Yes No

If Yes, please provide your income in respect of:

Country	Asia (Other than Singapore)	Australia and NZ	Europe	USA and/or Canada	Others (Please specify)
S\$					

3. Retroactive Date

Please select the retroactive date of your policy:

- As per policy expiry (Please specify: _____)
- As per requested policy commencement date in Section 1 (Enjoy 10% discount if you choose this option)

Payment Mode

Cheque

Reference No. (_____)

Please make cheque payable to
Chubb Insurance Singapore Limited.

Credit Card

Name on Card

Type of Card

Mastercard

Visa

Credit Card No.

Expiry

_____ (MM/YYYY)

Signature of Cardholder

Date

Declaration

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

This form must be reviewed, signed and dated by a duly authorised Director, Principal, or Partner of the Applicant.

Signature of Director/Principal/Partner

Name of Signatory

Date

Contact Us

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