

Group Business Travel

Proposal Form



Important Notes

You must fully and faithfully disclose all facts which you know or should know in respect of your application for insurance. Otherwise, the policy may be void.

*Delete where applicable.

General Information

Name of Company _____

Address _____

Postal Code _____

Tel No. _____

Fax No. _____

Nature of Business _____

Description of work nature/job scope of employees while on business trip. (Note: If offshore risk is involved, kindly also complete [Annex A](#) of this form)

Period of Insurance: One Year from DD / MM / YYYY

Basis of Cover (Please select one):

Customised plan for your client (Please provide us with the Schedule of Benefits)

Preset plan (For the types of plan available, kindly refer to [Annex B](#) and complete the table below)

S/N	Category	Plan Type	No. of Travellers To Be Insured
1)			
2)			
3)			
4)			
5)			

Territorial Limits/Geographical Areas:

Regional/International* (Refer to the description at the end of this page)

Total number of travellers to be covered:

(i) Frequent travellers (more than 3 trips per year) _____

(ii) Infrequent travellers (less than 3 trips per year) _____

(Note: Where only trip frequency and duration are available, kindly complete Annex C of this form)

Territorial Limits/Geographical Areas:

Regional : Australia, Bangladesh, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Korea, Laos, Macau, Malaysia, Myanmar, New Zealand, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam

International : Worldwide (including Canada and United States of America)

Do note all policy will be on Unnamed basis.

Were there any claims made in the past 3 years? Yes No

If **Yes**, please provide details below:

Name of Insurer	Claim No.	Date of Loss	Description of Loss Circumstances, Type and Extent of Injury	Amount Claimed

Declaration

We have deemed to give consent and authorisation to Chubb to collect, use, disclose, and/or process our personal data or information supplied to Chubb without further notification to us, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for administering policies taken out with Chubb, customer services and to allow Chubb and/or its business partners to perform marketing and related activities, until Chubb receives our written instruction to the contrary. Upon our written request, Chubb shall, without charge, cease to use our personal information for purposes other than those directly related to this Policy. A copy of the Chubb's Personal Data Protection Policy can be found at www.chubb.com/sg-privacy and we have deemed to have read the same.

We will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw our consent, access to and/or correction of any information supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

We hereby declare that we understand the above statement and the information provided is true to the best of our knowledge.

Signature of Authorised Representative

Company Stamp of Authorised Signatory

Date

Signature of Insurance Intermediary

On behalf of
Chubb Insurance Singapore Limited

Contact Us

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Chubb. Insured.TM

Group Business Travel Proposal Form. Singapore.

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Annex A: Offshore Questionnaire

If vessel or offshore risks are involved, please answer the following questions:

Docked Vessels

Are the vessels docked at shipyards? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , where are the vessels docked?
How many staff are required to work onboard docked vessels? (No. of headcount and relevant total sum insured)	What is the average duration they spent onboard docked vessels and frequency of such trips?
What is the job scope of staff working onboard docked vessels?	What is the maximum no. of staff who worked onboard any one docked vessel?

Sailing Vessels

What are the territorial limits of sailing vessels?	
How many staff are required to work onboard sailing vessels? (No. of headcount and relevant total sum insured)	What is the average duration they spent onboard sailing vessels and frequency of such trips?
What is the job scope of staff working onboard sailing vessels?	What is the maximum no. of staff who worked onboard any one sailing vessel?

Offshore Rigs & Platforms

What are the territorial limits of offshore rigs / platforms?

If mode of transport to job sites is by Helicopter (or other aircraft)

(a) Are the helicopters / aircrafts used, leased or owned? <input type="checkbox"/> Leased <input type="checkbox"/> Owned	
(b) No. of seats (list by helicopter / aircraft)	(c) What is the average and maximum occupancy? Average: Maximum:
(d) Frequency of trips to and from job site?	(e) Duration and distance of travel each way?

If mode of transport to job sites is by Boat or other Conveyance (other than air)

(a) Types of vehicles (i.e. Boat, etc)?	
(b) Seating capacity of each conveyance?	(c) Average occupancy per conveyance?
(d) Frequency of trips to and from job site?	(e) Duration and distance of travel each way?
How many staff are required to work onboard offshore rigs / platforms? (No. of headcount and relevant total sum insured)	What is the average duration they spent onboard offshore rigs / platforms and frequency of such trips?
What is the job scope of staff working onboard offshore rigs/platforms?	What is the maximum no. of staff who work onboard any one offshore rigs / platform?

Annex B: Preset Plan Benefits

Summary of Benefits	Limit Per Insured Person (\$)		
	Plan 1	Plan 2	Plan 3
Accidental Death	600,000	400,000	200,000
Burial Expenses	2,000	2,000	2,000
Permanent Disability and Accidental Burns	Up to % Stated in Policy Wording		
• 3rd Degree Burns	600,000	400,000	200,000
• 2nd Degree Burns	10,000	10,000	10,000
Fractures	3,000	3,000	3,000
Medical Expenses (excess: nil)	300,000	200,000	100,000
Chubb Assistance (Emergency Medical Evacuation and Repatriation Expenses)	Unlimited		
Post-Journey Medical Expenses	30,000	20,000	10,000
Trip Cancellation	10,000	10,000	10,000
Trip Curtailment and Rearrangement Expenses	10,000	10,000	10,000
Staff Replacement Expenses	5,000	5,000	5,000
Loss of Money and Travel Documents (excess: nil)	2,000	2,000	2,000
• Sub-limit For Money	1,000	1,000	1,000
• Sub-limit For Credit Card Misuses	1,000	1,000	1,000
Loss of Personal Property and Baggage (excess: nil)	5,000	5,000	5,000
• Sub-limit for any one article / pair / set of article	1,000	1,000	1,000
Travel Delay (\$200 for each 6 hours of delay)	1,000	1,000	1,000
Baggage Delay (\$200 for each 6 hours of delay)	1,000	1,000	1,000
Personal Liability (any one occurrence and in the aggregate)	1,000,000	1,000,000	1,000,000
Hijacking (\$600 for each 24-hour period)	6,000	6,000	6,000
Hospital Confinement (\$200 per day)	10,000	10,000	10,000
Emergency Travel Expenses			
• Compassionate Visit by Relative or Friend	5,000	5,000	5,000
• Death of Close Relative			
Travel Misconnection (\$200 for each 6 hours of delay)	1,000	1,000	1,000
Legal Fees	15,000	15,000	15,000
Bail Bond	15,000	15,000	15,000
Family Security	25,000	25,000	25,000
Get Well Benefit (\$200 per day up to maximum of 30 days)	6,000	6,000	6,000
Overbooked Flight	200	200	200
Rental Vehicle Excess Waiver	500	500	500
Political and Natural Disaster Evacuation	10,000	10,000	10,000
Flight Diversion (\$200 for each 6 hours of delay)	1,000	1,000	1,000
Credit Card Indemnity	5,000	5,000	5,000
Home Renovation Benefit	5,000	5,000	5,000
Additional Accidental Death due to Common Carrier	50,000	30,000	20,000
Comatose State Lump Sum Benefit	50,000	30,000	20,000
Emergency Mobile Phone Charges	200	200	200

Annex C: Travel Pattern Questionnaire

Trip Frequency Per Year

(a) Number of trips per year to Regional countries	_____ trips per year
(b) Average duration per trip to Regional countries	_____ days per trip
(c) Number of trips per year to International countries	_____ trips per year
(d) Average duration per trip to International countries	_____ days per trip

Any Insured Person residing outside Singapore?

Yes No

If **Yes**, kindly provide the following details:

Nature of Work	No. of Employees	Country / State / City of Residence

Apart from commercial aircraft, do Insured Persons travel in privately chartered / leased aircraft?

Yes No

If **Yes**, kindly provide the following details:

Purpose of Flight	Average Occupancy Per Flight	Type of Aircraft Used

Territorial Limits / Geographical Areas:

Regional : Australia, Bangladesh, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Korea, Laos, Macau, Malaysia, Myanmar, New Zealand, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam

International : Worldwide (including Canada and United States of America)