

Corporate Collection Insurance

Proposal Form



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 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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 proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal.

You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal 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 be entitled to void the contract from its beginning.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in 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 policy, 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.

A. General Information

Name of Insured _____

Email Address _____

Mailing Address

Contact Person / Details _____

Occupation of Applicant _____

Insurance Broker / Agent _____

Contact Person / Details _____

B. Limit of Insurance requested at each location

No.	Full Address	Total Insured Value (\$)	Occupancy (Office, Hotel, Commercial Space, Apartment Block, Storage, etc.)
1.			
2.			
3.			

Do you need coverage for any item(s) displayed outdoors? Yes No

If Yes, please identify these items and their corresponding values.

C. Construction

1. Material of construction

- Adobe Brick Glass Safety Glass Steel Stone Wool
- Fabric / Carpet Other (please specify: _____)

2. Building Type

- High Rise Building Bungalow Semi-detached Terraced Apartment

3. Date of Completion of Building

DD / MM / YYYY

4. Occupancy

- Residential Commercial Office Storage

D. Fire Protection

1. Location of Fire / Smoke Detectors _____

2. Type of fire alarm

- Local or Monitored Connected to a Central Fire Station)

3. How often is it checked and maintained? _____

4. Are there any portable fire extinguishers? Yes No

If Yes, what type?

- Carbon Dioxide Dry Chemical Foam Halon Acid Others

E. Security

1. Do you have a security alarm system? Yes No

If Yes, is it local or Monitored / Connected to a central police station?

- Local Monitored / Connected to a central police station

2. Do you use a Security Alarm company? Yes No

If Yes, please state the name and how often do they conduct a check and maintenance.

3. Do you have CCTV cameras? Yes No

If Yes, please state where they are located?

4. Are there 24-hour security guards? Yes No

If Yes, how many?

5. Is the property left unattended for long periods of time? Yes No

6. How many entry/exit doors are there? _____

7. Do these doors have locks and/or controlled systems? Yes No

8. Is the property left unattended for long periods of time? Yes No

9. Do you have an emergency procedure in the instances of theft or fire? Yes No

10. Will the Insured agree to an inspection of the premises and artwork by a Chubb employee or designee? Yes No

F. Employees

- 1. Number of full time staff in the company _____
- 2. Number of part time staff in the company _____
- 3. How many staff have keys to the entry/exit doors? _____
- 4. How many staff know the password for the burglar alarm system? _____

G. Transit Cover Requirement

Conveyance Mode

- By Air By Sea Freight By Land By Courier

Name of Packing and Shipping Company regularly used

Regular Packing Method

- With Paper wrap With Bubble Wrap With Carton Box With Wooden Crate

Others, please specify: _____

Total Value of incoming shipments in the last year S\$ _____

Total Value of outgoing shipments in the last year S\$ _____

Who is responsible for packing, crating and shipping ?

Do you do a condition report before/after packing and unpacking for shipments? Yes No

H. Planned Renovation or Relocation

1. Will you be conducting any renovations at any of the locations in the next 12 months? Yes No

If Yes, kindly indicate the details.

2. Will you be moving into another location in the next 12 months? Yes No

If Yes, kindly indicate the details.

Personal Data Protection Statement

Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Chubb Data Protection Officer
Chubb Insurance Singapore Limited
138 Market Street
#11-01 CapitaGreen
Singapore 048946
E dpo.sg@chubb.com

Signature of Proposer

Date

Contact Us

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