

Select+

Proposal Form

For Commercial Businesses

CHUBB®

Important Notices to the Applicant

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.

Producer's Particulars

Name _____

Email Address _____

Producer Code _____

Facsimile Number _____ Contact Number _____

Instructions to the Applicant

- A. This proposal form must be completed, signed and dated by an officer of the Company.
- B. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- C. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Details of Applicant

0.1 Name of Insured

Period Of Insurance From: _____ To: _____

0.2 Mailing Address & Contact Details

Block _____ Street No. _____ Unit No. _____

Street Name _____

Building Name _____ Postal Code _____

Business Registration Number _____ Contact Number _____

Coverage Required: Tick each section of cover required, and complete sections required.

Coverage	Page No.
<input type="checkbox"/> Property All Risks *	Go to page 4
<input type="checkbox"/> Money	Go to page 8
<input type="checkbox"/> Fidelity Guarantee **	Go to page 10
<input type="checkbox"/> Public Liability	Go to page 11
<input type="checkbox"/> Workers Injury Compensation	Go to page 13
<input type="checkbox"/> Goods In Transit	Go to page 14
<input type="checkbox"/> Specified All Risks (especially designed for portable equipment)	Go to page 15
<input type="checkbox"/> Machinery Breakdown	Go to page 16
<input type="checkbox"/> Group Personal Accident (un-named)	Go to page 17
<input type="checkbox"/> Business Interruption	Go to page 9

* Property All Risks including Theft by F&V Entry Exit, Full Theft and Daily Cash

** Requires court conviction in Singapore

0.3 Business Activity/Description

0.4 The Insured has less than 50 Employees. Yes No

If No, please state number of employees. _____

0.5 Any claims in the last three years ? Yes No

If No, please proceed to question 1.1.

0.6 If Yes, how many claims?

1 2 3 4 5 6 7 8 9 10

Please provide details (one row for each claim).

Date of Loss	Details of Claims	Paid (S\$)	Outstanding (S\$)	Changes introduced to reduce chances of another claim

1. Property All Risks

1.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

1.2 Please complete Business address for each location

No.	Full Address				
	Block	Street No. and Name	Unit No.	Building Name	Postal Code
Location 1					
Location 2					
Location 3					
Location 4					
Location 5					

1.3 Please input sums insured for each of the above locations below.

No.	Buildings (S\$)	Contents (S\$)	Stocks (S\$)	Other Property Values (S\$)	Total Insured Values (S\$)	Nature of Business undertaken if different from Business Activity previously stated / or Other Property Description
Location 1						
Location 2						
Location 3						
Location 4						
Location 5						

1.4 In respect of each of the above locations please confirm the statements below are accurate by ticking the corresponding box.

1. The Building the Insured occupies is not listed or subject to a protection order.
2. The Insured location is securely locked when closed for Business.
3. The main structures of the Building are Steel / Reinforced Concrete / Concrete / Brick / Glass or other non-combustible materials.
4. There are no cold rooms on the Premises or Cold Rooms take up less than 20% of the Insured floor space.
5. The insured occupies the whole of the Building in which they are located or the rest of the Building is occupied as an office, Retailer, Food and Beverage outlet, Public House, Residential, Medical Centre, Education Centre, Hair or Beauty salon or any mixture of these. If not true please give details of other occupants.
6. The Insured is not in a basement location.
7. The Insured is not Within a known flood exposed site (pub.gov.sg website).

1.5 Please provide full details if any of the points in 1.4 are not ticked.

1.6 Please confirm all locations comply with 1.4. Yes No

If Yes, please proceed to 1.7 . If No, please provide details.

Protections at the Insured Location 1

Location 1 Protections

1.7 Lockable doors / Roller Shutters Yes No

1.8 Sprinkler System Yes No

1.9 Fire Detection System Yes No

If Yes, please proceed to 1.9.1.1; if No, please proceed to 1.10.

1.9.1 Fire Alarm (With Signalling) Yes No

Fire Alarm (Without Signalling) Yes No

1.10 Burglar Alarm System Yes No

If Yes, please proceed to 1.10.1; if No, please proceed to 1.11.

1.10.1 Burglary Alarm (With Signalling) Yes No

Burglary Alarm (Without Signalling) Yes No

1.11 24-Hour Security Guard Patrol Yes No

1.12 Other Protections Yes No

If Yes, please provide more details.

1.13 If more than one location, do the above answers apply to all locations? Yes No

If No, please provide more details.

1.14 Is part of the Premises used for a manufacturing process? Yes No

If No, please proceed to 1.15.

1.14.1 If Yes, please provide details of process.

1.14.2 Please give details of the end Product.

1.15 Is part of the Premises used for Storage? Yes No

If No, please proceed to 2. Extensions.

1.15.1 If Yes, please tick: <25% 25% to 50% 50% +

1.15.2 Maximum storage height

< 3 metres < 5 metres < 8 metres Other, please specify height: _____

1.15.3 Description of Goods stored

1.15.4 Method of Storage

Free standing On racked storage On pallets

Other, please specify: _____

2. Extensions

2.1 Daily Cash

Do you require a higher limit than \$250 a day Yes No

If Yes, please select the limit required. S\$500 S\$750 S\$1,000

2.2 Glass

\$10,000 of Glass cover is included. Do you need a higher limit than this? Yes No

If Yes, please specify amount. S\$ _____

2.3 Theft

Cover includes Theft by Forcible & Violent Entry or Exit to the Insured Premises to the total sum insured excluding Buildings and also 10% of the sum insured (excluding buildings) or S\$100,000 (whichever is lesser) for Full Theft.

2.4 Policy includes 25% increase in Stock sum Insured for two weeks preceding named Public Holidays in Singapore (increase capped at S\$100,000); See policy wording for full details.

Do you require more than this? Yes No

If Yes, what percentage increase? _____ %

Please note that an additional premium will be charged.

All locations will be given the same Limits unless you specify differently in the notes below.

Notes

3. Money

3.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

3.2 Please tick the Premises Limit required.

S\$10,000 S\$20,000 S\$25,000 S\$30,000

Other Limit S\$ _____

If other limit selected, please state make and model of safe.

3.3 Transit Limit

Please note Money escort warranty in the policy wording.

Same as Premises? Yes No

If Yes, please proceed to 3.4; If No, please answer the below.

If No, please tick the limit required.

S\$5,000 S\$10,000 S\$20,000 S\$25,000 S\$30,000

Other Limit Yes No

If other is selected, please state Annual Carrying. S\$ _____

3.4 Public Holiday Increase of 25% for Money in Premises and in safe included.

Is higher than this required? Yes No

If Yes, what is the percentage required? _____ %

All locations will be given the same Limits unless you specify differently in the notes below.

Notes

4. Business Interruption

4.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

4.2 Please complete for each location listed under 1.2 that cover is required for.

Location No.	Gross Profit (\$)	Gross Revenue (\$)	ICOW Only	AICOW	O/S Debit	Loss of Rent	Indemnity Period
Location 1							
Location 2							
Location 3							
Location 4							
Location 5							
Floating Sum Insured							
If Floating sum insured state maximum sum insured any one location							

5. Fidelity Guarantee (FG)

5.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

Include all locations. S\$5,000 any one Loss and in the aggregate included.

Is a higher limit required? Yes No

If Yes, tick the limit required.

S\$10,000 * S\$25,000 * S\$50,000 * Other*, please specify: S\$ _____

	No. of Staff
Management Professional and Executives	
Staff with Access to Money	
Staff without Access to Money	

* More underwriting information could be required.

6. Public Liability

6.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

6.2 Limit of Liability

S\$500,000 S\$1,000,000 S\$2,000,000 S\$3,000,000 S\$5,000,000

S\$10,000,000 Other, please state limit required : S\$ _____

6.3 Is Property owned as landlord? Yes No

If Yes, please state.

Square footage _____

Number of floors _____

If No, proceed to 6.4.

6.4 If No, please state number of Employees at this location

< 10 11 to 25 26 to 50 > 50

If > 50 employees, please state number of employees _____

Optional

Turnover at this location _____

Total Turnover _____

Square Footage _____

6.5 Responsible for Own Parking Facilities on Premises Yes No

If Yes, please tick the number of car park spaces below.

1 to 10 11 to 25 26 to 50 50 to 100

If more than 100, please state the number of parking facilities. _____

6.6 Jurisdiction and Territorial Limits: Please state what location if you ticked countries other than Singapore.

Singapore Only

Singapore plus Asia: _____

Singapore plus Asia and Australasia: _____

Singapore plus Worldwide excluding USA and Canada: _____

Singapore plus Worldwide including USA and Canada: _____

Details of wages and/or turnover related to each further information may be requested.

6.7 Do you undertake in Manual Work Away from the Premises? Yes No

If No, please proceed to 6.8.

If Yes, please state the percentage undertaken

< 10% 11% to 25% > 25%

Please give details.

6.8 Do you or your Employees undertake any work in respect of Scaffolding, Underground, digging, excavation , piling , blasting, Demolition, oil rigs or off shore work or at heights in excess of ten metres? Yes No

If Yes, please confirm details.

6.9 Heat Work away Yes No

If Yes, please confirm details. If No, please proceed to 6.10.

Wages applicable to Heat Work away from Premises S\$ _____

Please note the Heat work condition in the Policy Wording.

6.10 Food Poisoning Cover Required? Yes No

Limit

S\$10,000 S\$25,000 S\$50,000 S\$100,000

Other, please specify: S\$ _____

6.11 Products Liability Cover Required? Yes No

If Yes, please answer 6.12 and complete our Products questionnaire.

6.12 Turnover of Product (all locations) _____

*Products Questionnaire will need to be completed.

All locations will be given the same Limits unless you specify differently in the notes below.

Notes

7. Workers Injury Compensation

7.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations. * This is the part of the wage roll for work away

7.2

Job Description	No. of Employees	Total Annual Wages (S\$)	Percentage of Total Annual Wages that is Work Away Wages (%)

7.2.1 If more than one location please state the maximum number of Employees normally at one location _____

7.3 Are any Employees involved in Work at heights in excess of 10 metres, scaffolding , work underground, digging or excavation, piling, blasting, demolition or any work off shore work or on boats not in a dry dock. Yes No

7.4 If Yes, please give full details as likely insurance will not be acceptable.

8. Goods in Transit

8.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations.

8.2 Limit of Liability

S\$2,000 S\$5,000 S\$10,000 S\$25,000 Others

If Others, please state required limit and Estimated Annual Carrying. S\$ _____

8.3 Brief Description of Goods carried.

8.4 Any Hazardous Goods carried? Yes No

If Yes, please provide details.

8.5 Any Fragile goods or Goods in Fragile Packaging? Yes No

If Yes, please provide details.

9. Specified All Risks

9.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations.

All locations	No. of items	Total Sum Insured (S\$)	Singapore only	Worldwide
9.2 Mobile Phones				
9.3 Laptops				
9.4 Machinery item with a value less than S\$5,000				

9.5 Any item with a value in excess of S\$5000 Yes No

If Yes, proceed to 9.6. If No, proceed to section 10.

9.6 Machinery item with a value more than \$5,000

	Item 1	Item 2	Item 3	Item 4	Singapore	Worldwide
Description						
Serial Number(s)						
Value (S\$)						
Year of Manufacture					N/A	

*** Note that there is no cover for items with a value in excess of S\$5,000 unless specified in 9.6.**

10. Machinery Breakdown

10.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations.

10.2 Total Sum Insured all Locations S\$ _____

10.3 Maximum any One Location S\$ _____

10.4 Please list each item to be Insured below.

List of Insured items	Description	Serial Number	Value (\$\$)	Year of Manufacture	Under a maintenance agreement?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Group Personal Accident (GPA)

11.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations.

11.2 Un-Named: Number of Employees _____

Insured Person - Number of employees as described in the list of Insured Persons lodged with Chubb.

11.3 **If more than one location maximum number of Employees normally at one site.** _____

11.4 Any Employees covered over the age of 70 years? Yes No

11.5 Any employee that is not Managerial or Clerical? Yes No

If Yes to 11.4 or 11.5, please provide details of their occupation and number.

11.6 * Select one plan, all benefits fixed

	<input type="checkbox"/> Plan A*	<input type="checkbox"/> Plan B*	<input type="checkbox"/> Plan C*	<input type="checkbox"/> Plan D*	<input type="checkbox"/> Plan E*
Part A Benefit					
	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
Part B Weekly Benefit					
	\$500	\$1,000	\$2,500	\$5,000	\$5,000
Maximum percentage of Basic weekly Salary	50%	50%	50%	50%	50%
Part C					
Accidental Medical Expenses	\$1,000	\$2,000	\$5,000	\$10,000	\$10,000
Reimbursement by Alternative Medical Physicians	\$1,000	\$2,000	\$5,000	\$10,000	\$10,000

Aggregate Limit Always 150% of Part A Benefit

Weekly Benefits capped at 150% of Part A Benefit

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 Principal, Director, or equivalent.

By signing this form, I/We hereby declare that the above information provided by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that this application shall be the basis of the contract between me/us and Chubb Insurance Singapore Limited, otherwise the policy issued may be void or voidable.

The insurance applied for shall only take effect when the application has been approved by Chubb Insurance Singapore Limited.

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

Signed, Principal / Director

Name of Signatory

Date

Contact Us

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