

Select+

Proposal Form



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.

Statement of Fact

This Proposal Form is for the following nature of businesses only. Please complete the Select+ Proposal Form for Commercial Businesses for other nature of businesses.

- Education
- Food and Beverage
- Health, Beauty, Fitness and Spa (Including hair & beauty salons)
- Hospitality / Hotels
- Medical Centre
- Office
- Retail

Excluded occupations: TBA

Cover includes Property All Risks including Burglary, Full Theft, Glass, Flood, Money and Daily Cash. Debris Removal, Professional Fees and Public Holiday increases for Money and Stock, Fidelity Guarantee* as standard coverage (see policy wording for full details).

Optional covers: Public Liability and Workers Injury Compensation

* A conviction is required for payment under Fidelity Guarantee.

Declaration of Fact

To qualify for this policy please confirm the following are applicable and true with regards to the Proposed Insured.

1. The Total Property Sum Insured is less than S\$5,000,000.
2. The Building the Insured occupies is not listed or subject to a protection or preservation order.
3. The Insured location is securely locked when closed for Business.
4. The main structures of the Building are Steel/Reinforced Concrete/Concrete/Brick/Glass.
5. There are no cold rooms on the Premises or Cold Rooms take up less than 20% of the Insured floor space.
6. There are no warehouses or industrial operations undertaken within the Building occupied by the Insured.
7. The insured occupies the whole of the Building in which they are located or occupies part of a Building that the main use is that of the Insured or an Office, Retail, Food and Beverage, Public House, Residential, Medical Centre, Education Centre, Hair or Beauty salon or any mixture of these.
8. The risk is not a Property Owners only risk.
9. The Insured has not had any claims in the last three years.
10. The Insured is not in a basement location within a known flood exposed site (pub.gov.sg website).
11. The Insured has no more than 50 Employees.
12. The Insured or any business partner or affiliated or subsidiary or branch or board of director:
 - Has not had any insurer decline an application of insurance, cancel or refuse to renew a policy, impose any special condition or declined any claim?
 - In the last 5 years has not ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration?
 - Has not been convicted of or had any fines imposed for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

Confirmed that the above statements 1 to 12 are accurate?

Yes No

If No to any statement above for any location, please provide details.

Insured Details

1. Insured Name

Website _____

Business Registration Number _____ Contact Number _____

Number of Locations 1 2 3 4 5

Please contact Chubb if you have more than 5 locations.

2. **Business Address (Location of Risk)**

Block _____ Street No. _____ Unit No. _____

Street Name _____

Building Name _____ Postal Code _____

Correspondence Address: Same as Business? Yes No

If No, please provide details.

Block _____ Street No. _____ Unit No. _____

Street Name _____

Building Name _____ Postal Code _____

3. **Contact Information**

Contact Name _____

Contact Mobile Number _____

Contact Email Address _____

Office Telephone Number _____

Office Facsimile Number _____

4. **Other Details**

Nature of Business: _____

What year was the business established? _____

5. **Producer's Particulars**

Name _____

Email Address _____

Producer Code _____

Facsimile Number _____ Contact Number _____

Comfort and Choice Rating

Location 1: Tick main occupation of the Premises

- Retail F&B Office & Services
- Medical Centre Health, Beauty or Spa Hospitality / Hotels
- Education

Property

Description: Please list each location to be insured below and state the relevant sum insured for each in 1.1

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

1.1	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
	Location 1						
	Location 2						
	Location 3						
	Location 4						
	Location 5						

Description of Other Property

Protection Discounts

Please tick the Protections that the Insured has.

- Sprinklered
- Smoke Alarms
- Fire Extinguishers or Hose Reel Hydrants

Watchman / Security Alarm (only tick one)

- None
- 24 hour guard and/or monitored alarm
- Office hours guard and/or unmonitored alarm

All or any of the following:

- Gas, Fire Suppression, or CCTV

Total Location Premium (Total premium - Total discounts)

If you are Insuring more than one location and the Protections for all are not as stated above please provide additional details.

Extensions

Each location will be given the same limits unless specified differently by you in the Notes section on page 9 of this Proposal.

Daily Cash	
Standard Limit	S\$250
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$750 <input type="checkbox"/> S\$1,000
Loss of Rent Payable for 3 months	
Standard Limit	S\$10,000
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$20,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> Other, please state limit: S\$ _____
Money	
In Premises	
Standard Limit	S\$10,000
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> S\$30,000 <input type="checkbox"/> Other, please state limit: S\$ _____
	If Other is selected, please state model and make of Safe.
In Transit	
Same Limit Required ? If No, please complete the below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Limit	S\$10,000
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$20,000 <input type="checkbox"/> S\$30,000 <input type="checkbox"/> Other, please state limit: S\$ _____
	If Other is selected, please state Estimated Annual Carryings. S\$ _____
Fidelity Guarantee	
Standard Limit	S\$5,000
Number of Staff	
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$10,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> Other, please state limit: S\$ _____

Optional Covers

Public Liability

Each location will be given the same limits unless specified different by you in the Notes section at the end of this Proposal.

Cover required? Yes No

Liability	
Select required limits of Indemnity for Public Liability	<input type="checkbox"/> S\$500,000 <input type="checkbox"/> S\$1,000,000 <input type="checkbox"/> S\$2,000,000 <input type="checkbox"/> S\$3,000,000 <input type="checkbox"/> S\$5,000,000 <input type="checkbox"/> S\$10,000,000 <input type="checkbox"/> Other, please state: S\$ _____
For Schools, please state the number of students in each location	
For Food & Beverage, please state number of seats / covers in each location	
For Hotels, please state number of rooms in each location	
All others, please state square footage of each location	
Turnover (Optional)	
Extensions (only available if Public Liability Cover Selected)	
Food Poisoning	S\$10,000
No. of Locations	
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$25,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> Other, please state: S\$ _____
Only for Health, Beauty and Spa, and Hotels offering the same	
Treatment Risk	S\$10,000
No. of Locations	
Optional Higher Limits, if required (An Additional Premium will be charged)	<input type="checkbox"/> S\$15,000 <input type="checkbox"/> S\$25,000 <input type="checkbox"/> S\$50,000 <input type="checkbox"/> S\$100,000 <input type="checkbox"/> Other, please state: S\$ _____

WICA

Cover required? Yes No

Please input wages and number of Employees for all locations.

	Number of Employees	Wages (\$\$)
Clerical at Premises		
Manual at Premises		
Maximum number of Employees at any one location (if more than one location)		
Clerical away from Premises		
Manual away from Premises		

Total Number of Employees _____

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

Chubb Insurance Singapore Limited
Co Regn. No.: 199702449H
138 Market Street
#11-01 CapitaGreen
Singapore 048946
O +65 6398 8000
F +65 6298 1055
www.chubb.com/sg

Chubb. Insured.™

Notes

Only complete if insuring more than 1 location and Different Limits are required for Property Extensions or Public Liability.

Location Number (see list of location addresses you entered into 1.0) _____

Property Extension that requires a different limit (please state Extension) _____

Revised Limit(s) required for that location SGD _____

Public Liability Limit required (if different from main Proposal) SGD _____

Public Liability Extensions (please state Extension) _____

Revised Limit(s) required SGD _____

Location Number (see list of location addresses you entered into 1.0) _____

Property Extension that requires a different limit (please state Extension) _____

Revised Limit(s) required for that location SGD _____

Public Liability Limit required (if different from main Proposal) SGD _____

Public Liability Extensions (please state Extension) _____

Revised Limit(s) required SGD _____

Location Number (see list of location addresses you entered into 1.0) _____

Property Extension that requires a different limit (please state Extension) _____

Revised Limit(s) required for that location SGD _____

Public Liability Limit required (if different from main Proposal) SGD _____

Public Liability Extensions (please state Extension) _____

Revised Limit(s) required SGD _____

Location Number (see list of location addresses you entered into 1.0) _____

Property Extension that requires a different limit (please state Extension) _____

Revised Limit(s) required for that location SGD _____

Public Liability Limit required (if different from main Proposal) SGD _____

Public Liability Extensions (please state Extension) _____

Revised Limit(s) required SGD _____

Additional Coverage

Only complete if the Insured requires Business Interruption, Goods in Transit, Specified All Risks - for portable items, Machinery Breakdown, Group Personal Accident (GPA) and/or Product Liability.

AC1.0 Business Interruption

AC1.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

AC1.2 Please complete for each location listed under 1.0 that cover is required for

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

AC2.0 Goods in Transit

AC2.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

AC2.2 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 Carryings. S\$ _____

AC2.3 Brief Description of Goods carried.

AC2.4 Any Hazardous Goods carried? Yes No

If Yes, please provide details.

AC2.5 Any Fragile goods or Goods in Fragile Packaging? Yes No

If Yes, please provide details.

AC3.0 Specified All Risks - For Portable Items

AC3.1 Cover selected?

Yes No

No cover will be provided unless Yes is selected.

For all locations.

All locations	No. of items	Total Sum Insured (\$\$)	Singapore only	Worldwide
AC3.2 Mobile Phones				
AC3.3 Laptops				
AC3.4 Machinery item with a value less than S\$5,000				

AC3.5 Any item with a value in excess of S\$5,000?

Yes No

AC3.6 Machinery item with a value more than \$5,000

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

AC4.0 Machinery Breakdown

AC4.1 Cover selected?

Yes No

No cover will be provided unless Yes is selected.

For all locations.

AC4.2 Total Sum Insured all Locations

S\$ _____

AC4.3 Maximum any One Location

S\$ _____

AC4.4 Please list each item to be Insured below.

List of Insured items	Description	Serial Number	Value (S\$)	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

AC5.0 Group Personal Accident (GPA)

AC5.1 Cover selected? Yes No

No cover will be provided unless Yes is selected.

For all locations.

AC5.2 Un-Named: Number of Employees _____

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

AC5.3 If more than one location, maximum number of Employees normally at one site. _____

AC5.4 Any Employees covered over the age of 70 years? Yes No

AC5.5 Any employee that is not Managerial or Clerical? Yes No

If Yes to AC5.4 or AC5.5, please provide details of their occupation and number.

AC5.6 * 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

AC 6.0 Product Liability

AC 6.1 Estimated Annual Revenue/Turnover

S\$ _____

AC6.2 List of product(s) to be covered

Product Liability questionnaire to be completed for review.