

Property Insurance

Proposal Form



Important Notices

Your Duty of Disclosure

Before you enter into a contract of general insurance with Chubb Insurance Singapore Limited ("Chubb"), the insurer, you have a duty under the law to disclose to Chubb every matter within your knowledge that is material to Chubb'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 Chubb 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, Chubb may have the option of avoiding the contract of insurance from its beginning.

If your non-disclosure is fraudulent, Chubb may also have the right to keep the premium that you have paid.

Change of Risk or Circumstances

You should advise Chubb 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, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

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.

1. Insured / Location Information

1.1 Name of Insured

1.2 Mailing Address & Contact Details

Postal Code

1.3 Business Activities

1.4 Full Address of Insured Property(ies) and the Sum Insured / Reinstatement value (S.I.) in Singapore Dollars

No.	Full Address	Sum Insured / Reinstatement Value (S\$)
1.		
2.		
3.		
4.		

1.5 Period of Insurance Required From DD / MM / YYYY To DD / MM / YYYY

1.6 Information of Building (For more than one location to be insured, kindly provide this information separately)

Year of Construction

No. of Levels

Columns

☐ Reinforced Concrete ☐ Steel ☐ Timber ☐ Others, please specify

Walls

☐ Reinforced Concrete ☐ Steel ☐ Timber ☐ Others, please specify

Floor

☐ Reinforced Concrete ☐ Steel ☐ Timber ☐ Others, please specify _____

Beams

☐ Reinforced Concrete ☐ Steel ☐ Timber ☐ Others, please specify _____

Roof

☐ Reinforced Concrete ☐ Steel ☐ Timber ☐ Others, please specify _____

1.7 Nature of Occupancy at the Location to be insured (For more than one location to be insured, kindly provide this information separately)

Are you the sole occupant?

☐ Yes ☐ No

If **No**, please specify:

a) Number of other tenants _____

b) Occupancy mix of the other tenants by percentage _____

Please provide Site Plan detailing building separation and details of neighbouring properties where possible.

1.8 Protection Systems at the Location to be Insured (For more than one location to be insured, kindly provide this information separately)

Sprinkler System

☐ Fully sprinklered ☐ Partially sprinklered ☐ Non-sprinklered

Fire Detection System

☐ Heat detectors ☐ Smoke detectors ☐ None

Other Equipment

☐ Hosereel ☐ Fire Extinguisher ☐ Call point / Break glass

Fire Alarm

☐ Local alarm ☐ Central station monitored ☐ Others, please specify _____

Burglary Alarm

☐ Local alarm ☐ Central station monitored ☐ Others, please specify _____

24-Hour Security Guard Patrol

☐ Yes ☐ No

Electrical protection

☐ Power surge ☐ Induction surge ☐ Others, please specify _____

Frequency of critical data back-ups _____

Location of data back-ups storage _____

Frequency of Virus Protection / Scan _____

1.9 Business Continuity Planning: Describe your business continuation plan in brief.

1.10 Customers: Describe your top 3 customers (Details & percentage of sales of each)

1.

2.

3.

1.11 Suppliers & Sub-Contractors: Describe your top 3 suppliers / sub-contractors (Details & percentage of orders of each)

1.

2.

3.

1.12 Interdependencies: Does this company have another location performing the same processes that are performed at this location?

☐ Yes ☐ No

If **Yes**, please describe.

1.13 Loss History

Has the Company had any Insurance losses in the past 5 years?

☐ Yes ☐ No

If **Yes**, please provide details (including date, description & amount of loss / claim).

Has any insurer in respect of the risk to which this proposal relates ever declined your proposal, refused renewal of or terminated your insurance? If **Yes**, please elaborate.

☐ Yes ☐ No

Has any insurer in respect of the risk to which this proposal relates required an increased premium or imposed special conditions? If **Yes**, please elaborate.

☐ Yes ☐ No

Other Remarks

Declaration & Signature

- The Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an insurance policy and that the Applicant has not omitted, suppressed or misstated any facts.
- If a policy issues hereafter, this Application shall be attached to and become a part of such policy.
- The signing and filing of this Application does not bind the Applicant or the Company and no insurance shall be deemed effective unless and until a written binder or policy of insurance is issued by the Company in response hereto.
- All exclusions in the policy apply regardless of any answers or statements in this Application.

Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

Personal Information Collection 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:

Address: Chubb Data Protection Officer
Chubb Insurance Singapore
Limited
138 Market Street
#11-01 CapitaGreen
Singapore 048946

E dpo.sg@chubb.com

Signed

Name of signatory

Designation

Date

Contact Us

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