

Intermediary Firm / Code: \_\_\_\_\_ Producer Code: \_\_\_\_\_

**Important Notice**

Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

**APPLICANTS'S PARTICULARS** *(All fields are compulsory)*

Name/Company Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

NRIC/FIN/UEN No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Alternative No.: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY TO BE INSURED**

Location (If different from above): \_\_\_\_\_

Type of Property:     HDB Flat                                     Terrace                                     Private/Exec Condominium  
                                   Semi Detached                                     Bungalow                                     Others (pls specify) \_\_\_\_\_

**CHOICE OF PLAN COVERAGE**

Policy Effective Date: \_\_\_\_\_

*(All prices are inclusive of GST)***(1) Sum Insured (Please indicate the Sum Insured)**

	Building, Renovations, Fixtures and Fittings	Contents (I)	Rate (per \$1,000 Sum Insured) (II)	Premium (I) x (II)
For Tenant – Solution B	N.A.		<input type="checkbox"/> Standard (\$2.675) <input type="checkbox"/> Enhanced (\$3.745)	

**(2) Top up for Optional Covers (Please leave blank if not applicable)**

Top up of Worldwide Family Personal Liability to \$1 Million	<input type="checkbox"/> \$32.10
Valuables exceeding \$2,500 under Contents Cover	Rates and Excess subjected to underwriting. Proof of purchase/ receipt/ valuation to be furnished for articles exceeding S\$2,500.
Worldwide Personal Effects (Unspecified Articles) (Maximum of \$10,000, Limit of \$1,000 per article)	
Worldwide Personal Effects (Specified Articles)	

Premium Calculations	\$
(1) Premium for Sum Insured under Contents	
(2) Total Premium for Optional Covers	
<b>Total Premium (1) + (2)</b>	

Sum Insured should represent the full replacement value of your contents.  
 Minimum Premium per Policy is S\$107 (incl. of GST).

**\*Valuables**

Jewellery, watches, antiques, paintings, furs, works of art, curios, stamps or coin collections, items of gold, silver, platinum or other precious metals and other collectible property. Total Value should not exceed 1/3 of Contents Sum Insured.

**\*\*Personal Effects**

Articles of personal use designed specifically to be worn or carried on the person such as clothing, jewellery, watches & camera equipment but excluding money, mobile phones, any portable devices such as laptops and digital tablets, pedal cycles, PAB, PMA, PMD, and/or any mechanically propelled vehicles/devices, aerial devices/drones and any items which are used in connection with any business profession or employment. Any item that is insured under a separate policy is also excluded. Total Value should not exceed 50% of Contents Sum Insured

## DECLARATION

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I, and on behalf of the persons to be insured (in case of corporate policy, the company to be insured), warrant and declare that:

- the building is constructed of brick, stone or concrete and roofed with concrete slate tiles and/or other incombustible materials and in respect of the risks to be covered no loss, damage or liability has arisen within the last 12 months; and
- the dog(s) described herein, if any, is/are in good health and condition and have not suffered from any illness, disease or injury which makes the dog(s) an abnormal risk; and
- the dog(s) described herein, if any, is/are not used in connection with any trade, business or breeding and no property damage or third party bodily injury was caused by the dog(s) in the last 3 years; and
- in respect of the risk to be insured, it has not been refused by any insurer to give cover, renew or impose any special terms; and
- the above information that I/we have given is true and complete and they shall be the basis of the contract with Sompo Insurance Singapore Pte. Ltd. ("Sompo").

I/We agree to abide by the Policy terms, conditions and exclusions.

I, and on behalf of the persons to be insured, acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg).

## MARKETING CONSENT

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I would like Sompo to send me marketing updates and/or information about your products, promotions and services via:

Postal Mail  Email  Voice Calls  Text Messages (e.g. SMS)

I am aware that this supersedes any other marketing consent which I may have previously provided to Sompo. I am aware that it may take up to 30 days for Sompo to update my marketing consent. I understand that I may change or withdraw my marketing consent subsequent to this product application by completing the e-form at <https://www.sompo.com.sg/marketingconsent>. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

## PAYMENT INSTRUCTIONS

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PLEASE CHARGE S\$ \_\_\_\_\_ (Including GST) TO MY VISA / MASTERCARD\* (\*Delete As Appropriate)  
Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

CARDHOLDER NAME: \_\_\_\_\_

CARD NO.: ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ EXPIRY DATE: ■ ■ - ■ ■

I/WE ENCLOSED A CHEQUE FOR S\$ \_\_\_\_\_ (Including GST) payable to **Sompo Insurance Singapore Pte. Ltd.**

Bank/Cheque No.: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

on behalf of person(s) to be insured \_\_\_\_\_ DATE: \_\_\_\_\_