

Intermediary's Name/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.

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

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE

CORRESPONDENCE ADDRESS: \_\_\_\_\_

NRIC/FIN NO.: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

MOBILE NO.: \_\_\_\_\_ ALTERNATIVE NO.: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY TO BE INSURED**

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

 Type of Property:  HDB FLAT  TERRACE  PRIVATE / EXECUTIVE CONDOMINIUM  
 SEMI-DETACHED  BUNGALOW

Details of policies covering similar risks (if any): \_\_\_\_\_

**CHOICE OF PLAN/COVERAGE** *(Please tick)*

PERIOD OF INSURANCE : FROM \_\_\_\_\_ TO \_\_\_\_\_ (DD/MM/YYYY)

1) SELECT THE SOLUTION	<input type="checkbox"/> <b>SOLUTION A</b>	<input type="checkbox"/> <b>SOLUTION B</b>	<input type="checkbox"/> <b>SOLUTION C</b>	
2) SELECT THE PLAN	<input type="checkbox"/> COSY <input type="checkbox"/> SERENE <input type="checkbox"/> LUXURY	N.A	N.A	
3) SELECT THE TYPE OF COVER	<input type="checkbox"/> STANDARD HOME		<input type="checkbox"/> ENHANCED HOME	
	<b>TOP-UP</b>	<b>SUM INSURED</b>		<b>RATE PER ANNUM</b> (inclusive of GST)
<b>BUILDING</b>		N.A	†	Standard: 0.0428% Enhanced: 0.0642%
<b>CONTENTS</b>		†	N.A	Standard: 0.2675% Enhanced: 0.3745%
4) SELECT THE OPTIONAL COVERS (Please tick where applicable and indicate the sum to be insured)				
WORLDWIDE FAMILY PERSONAL LIABILITY UP TO S\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$32.10
WORLDWIDE PERSONAL EFFECTS COVER* - <b>Unspecified Articles (Maximum S\$10,000)</b>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	N.A	2.14%**
Please state total value of unspecified personal effects to be insured. Limit of S\$1,000 for any article.				
<b>- Specified Articles</b>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	N.A	1.3375%** (Minimum)
Please describe and list each article with corresponding amount to be insured. Proof of purchase/ receipt/ valuation to be furnished for articles exceeding S\$2,500.				
RENT PROTECTOR	<input type="checkbox"/>	N.A	<input type="checkbox"/>	S\$80.25
				Minimum Premium per Policy is S\$107 (inclusive of GST)

(\*) Total Value should not exceed 50% of Contents Sum Insured

(\*\*) Rate / Excess subject to underwriting

(†) Sum Insured should represent the full replacement value of your building/contents

## DECLARATION IF VALUABLES > S\$2,500 FOR CONTENTS COVER

Description	Sum Insured (S\$)*

## DECLARATION OF SPECIFIED ARTICLES FOR WORLDWIDE PERSONAL EFFECTS COVER

Description	Sum Insured (S\$)*

\* Please attach receipts or valuations for terms > S\$2,500 per article.

## PREMIUM CALCULATION

Total Premium for Selected Solution: S\$ \_\_\_\_\_  
Plus Total Premium for Top-ups &/or Optional Covers: S\$ \_\_\_\_\_  
Total Premium Payable (inclusive of GST): S\$ \_\_\_\_\_

## DECLARATION

**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 above, 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 above, 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

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. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

- 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 ENCLOSE A CHEQUE FOR S\$ \_\_\_\_\_  
(Including GST) payable to **Sompo Insurance Singapore Pte. Ltd.**

BANK / CHEQUE NO.: \_\_\_\_\_

**Ask about auto-renewal  
with GIRO Payment and  
Instalment Payment Plan**

SIGNATURE OF APPLICANT

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

## FOR OFFICIAL USE

We confirm acceptance of this application in accordance to our policy terms conditions and exceptions, effective \_\_\_\_\_

NAME & SIGNATURE OF APPROVING OFFICER / DATE