

Home Insurance Application Form

(Please complete form filling by clicking and typing in the fields)

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.				
Intermediary's Name/Code:			Producer Code:	
Applicant's Particulars				
Name/Company Name:			NRIC/FIN/UEN:	
Correspondence Address:			Nationality:	
			Date of Birth: DD/MM/YYYY	
Email:		Mobile:		Office Tel:
Property to be Insured				
Location (if different from above):			Ownership: <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant	
Category:	Type (check as applicable):			
HDB	<input type="checkbox"/> Studio	<input type="checkbox"/> 2-Room	<input type="checkbox"/> 3-Room	<input type="checkbox"/> 4-Room
	<input type="checkbox"/> 5-Room	<input type="checkbox"/> Executive	<input type="checkbox"/> HUDC (non-privatised)	
	<input type="checkbox"/> Multi-Generation Flat		<input type="checkbox"/> Jumbo Flat	
Condominium	<input type="checkbox"/> Studio	<input type="checkbox"/> 1-Bedroom	<input type="checkbox"/> 2-Bedroom	<input type="checkbox"/> 3-Bedroom
	<input type="checkbox"/> 4-Bedroom	<input type="checkbox"/> 5-Bedroom	<input type="checkbox"/> HDB Executive Condominium	
Landed	<input type="checkbox"/> Terrace	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Detached	<input type="checkbox"/> Bungalow
	<input type="checkbox"/> Cluster Housing			
Private Apartment	<input type="checkbox"/> Walk-up Apartment			
Property's built-up area (construction floor area): _____ <input type="checkbox"/> square metres <input type="checkbox"/> square feet				
<i>*Note: Applicable for Homeowners of Condominium, Landed and Private Apartment only.</i>				

Coverage Details

Building, Renovations and Home Contents should be insured based on their full reinstatement or replacement value (whichever is higher). You will be responsible for your share of loss or damage in the event of under-insuring. Building coverage is compulsory for HDB but optional for private properties.

Plan Type: HomeVital HomeMax Period of Insurance: From DD/MM/YYYY for 1 year 3 years

All Plans - Basic Sum Insured (Round up to S\$10,000)

1. Building* _____ 2. Renovations* _____ 3. Home Contents _____

Please use our [Calculator](#) to work out the reinstatement costs.

HomeMax Only - Top Up for Optional Covers (Leave blank if not applicable)

Specified Articles within Insured Dwelling#	Value of Specified Articles (Please indicate the currency if value is not in SGD)
1.	
2.	
3.	
4.	

(Please append another sheet if space is insufficient)

* Not applicable if the applicant is the Tenant of the property.

Receipts, Valuation Reports or Proofs of Purchase is to be submitted for underwriting. The total sum insured for Specified Article(s) shall not exceed 30% of Home Contents sum insured.

^ The minimum premium per policy is S\$54.50 (incl GST).

Underwriting Questions

1. Has the property to be insured suffered any loss or damage by fire, flood, theft or other causes in the past 3 years?

Yes No

If yes, please provide more information in questions 1.1, 1.2 and 1.3. If no, please go to question 2.

(Please append another sheet if space is insufficient)

1.1 What is the loss or damage and its cause?

1.2 When did the loss or damage occur?

1.3 What is the amount of loss or damage?

2. Has the applicant ever been refused cover, or imposed special terms by any insurance company on insurance relating to the property to be insured and/or its contents? If yes, please provide details below.

Declarations

I/We and on behalf of the other applicants of this policy (in the case of corporate policy, the company applying for this policy) hereby declare and warrant that:

- I/we am/are not an undischarged bankrupt(s); and
- the property to be insured is solely for private residential use; and
- the building to be insured is constructed of brick, stone or concrete and roofed with concrete slate tiles and/or other incombustible materials; and
- I/we understand and agree to the policy terms, conditions and exclusions; and
- the information given in this application is true, accurate and complete and they shall be the basis of the contract with Sompo.

I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we 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.

Marketing Consent

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

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

I/We am/are aware that this supersedes any other marketing consent which I/we may have previously provided to Sompo. I/We am/are aware that it may take up to 30 days for Sompo to update my marketing consent. I/We understand that I/we may change or withdraw my/our marketing consent subsequent to this product application. I/We confirm that I/we am/are the user and/or subscriber of the telephone number which was provided to Sompo.

By signing this application form, I/we have agreed to the statements in the Declarations above.

Signature of Applicant

Date

Payment Instructions

Please charge S\$ _____ (including GST) to my Visa MasterCard

Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Cardholder Name: _____ Expiry Date: _____ MM/YYYY

Credit Card No: - - -

Signature of Cardholder

Date

I/We enclosed a cheque number _____ for S\$ _____ (including GST) payable to

Sompo Insurance Singapore Pte. Ltd.