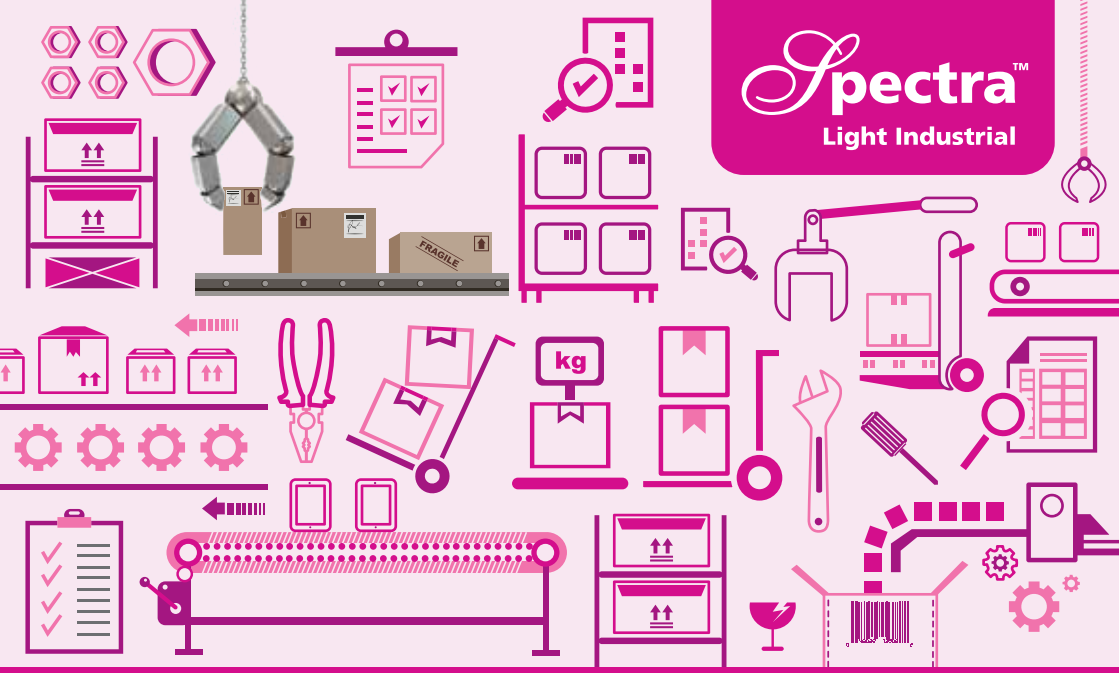

Comprehensive coverage

for businesses in light manufacturing, assembly and storage

SOMPO INSURANCE

Light Industrial Plan is specially designed for businesses involved in the manufacturing and assembly of goods and/or storage of own goods in a light industrial building designated as such by the Building and Construction Authority (BCA).

Excluded trade involving the use of any of the following operations:

- Explosives
- Furnace and kiln
- Hot works
- Spray painting
- Stamping
- Steel and/or aluminium fabrication
- Woodworking

Excluded businesses and/or trade:

- Battery and tyres workshops
- Containers and/or paper board boxes
- Computers
- Foams and plastics
- Food and Beverage
- Flammable and hazardous products
- Garments and textiles
- Gases and chemicals
- Joss sticks and paper
- Printing and publishing
- Precious metals and gems
- Motor workshops
- Mobile phones, tablets and accessories

This plan does not cover risks:

- Involving manual work outside of Insured's own premises except for the purpose of delivery of goods only
- Outside of Singapore with exception of the Personal Accident section
- Premises not of brick/tile/concrete construction and/or with property kept in open or without perimeter fence and/or security

SPECIAL FEATURES

- 10% No Claim Discount off the renewal premium if there is no claim during the preceding 12 months.
- A one-time 10% Chain Discount off the first premium if 3 or more chain outlets are insured under Spectra.

MAJOR HIGHLIGHTS

All Risks

- Plate Glass Cover up to 5% of the Sum Insured.
- Full Theft Cover up to S$50,000.

Consequential Loss

- Amount of daily benefit payable up to a maximum period of 120 days in the event of interruption or interference to your business as a result of the closure of the whole premises resulting from loss or damage covered under Section 1.

Money

- Damage to locked drawers/safes/cash registers due to theft or attempted theft up to S$500.
- Automatic Increase in Sum Insured by 50% up to S$5,000 for 3 days running consecutively and immediately following Chinese New Year, Hari Raya Puasa, Deepavali and Christmas Day.
- Personal Accident (Assault) Cover for 2 employees at S$10,000 each.

Personal Accident (Death/Permanent Disablement)

- Coverage for you as well as the life of your employees of Class 1 Occupation and includes medical expenses (incurred as a result of an accident).
- Class 1 Occupation refers to Persons engaged in indoor and non-manual work in non-hazardous places.

Public Liability

Legal liability for third party property damage and/or bodily injury caused by/arising from:

- Deleterious matter in food and drinks or utensils supplied by you at your premises up to S$250,000.
- Neon/advertising signs owned by you up to S$100,000.
- Director(s) or non-manual executive(s) travelling on commercial visits anywhere in the world in connection with your business.

Goods In Transit

- Loss of or damage to insured property caused by any fire or explosion, overturning or derailment of land conveyance, collision or contact of conveyance with any external object whilst in the course of transit by any vehicle owned by or hired by you up to S$2,000.

Work Injury Compensation

- Covers your legal liability for work-related injuries and occupational diseases to your employees in the course of their employment based on the WICA.

- This section is rated as an optional cover based on estimated annual earnings to be declared and is subject to completion of the Company's standard Work Injury Compensation Insurance (WICI) Proposal Form before cover commences. Please contact your servicing intermediary or our office for a copy of the WICI Proposal Form.

Basic Cover (S$)	Basic Sum Insured/Limit	Top-Up Sum Insured/Life (Maximum Top-Up)	Top-Up Rate (inclusive of GST)	Top-Up Premium (inclusive of GST)
1 All Risks (Excess: 1% of loss min $500 each and every loss except fire, lightning & explosion) - Plate Glass Cover up to 5% of Sum Insured - Full Theft Cover up to $50,000	$200,000	$_____ (Up to $800,000)	0.2675%	$_____
2 Consequential Loss (Up to 120 days)	$200 per day	$_____ per day (Up to $300 per day)	☐ $21.40 per $50 ☐ $85.60 per $200 ☐ $42.80 per $100 ☐ $107.00 per $250 ☐ $64.20 per $150 ☐ $128.40 per $300	$_____
3 Money				
(a) Money in Transit	$5,000	$_____ (Up to $7,000)	0.3745%	$_____
(b) Money in Premises (Up to limit of $3,000 in locked drawers/cabinets/cash registers after business hours)	$5,000	$_____ (Up to $7,000)	0.3745%	$_____
(c) Money in proprietor's/partner's/director's residence kept in locked drawers/safes after business hours	$500	N.A.	N.A.	N.A.
4 Personal Accident On the life of named proprietor/partner(s)/director(s) including employee(s) of Class 1 Occupation (a) Death/Permanent Disablement (b) Accidental Medical Expenses	Up to 2 persons $50,000 each $500 each	Additional _____ person(s)	$53.50 per person	$_____
5 Public Liability	$1,000,000	$_____ (Up to $2,000,000)	☐ $107.00 per $500,000 ☐ $321.00 per $1,500,000 ☐ $214.00 per $1,000,000 ☐ $428.00 per $2,000,000	$_____
6 Goods-In-Transit	$2,000	N.A.	N.A.	N.A.
7 Legal Expenses (Including reimbursement of legal expenses in respect of Personal Data Protection Act)	$2,000	N.A.	N.A.	N.A.
(A) Basic Cover Premium (inclusive of GST)	**$663.40**		**(B) Total Top-Up Premium (inclusive of GST)**	**$_____**

Optional Cover (S$)	Category	Sum Insured	Rate (inclusive of GST)	Additional Premium (inclusive of GST)
8 Fire & Extraneous Perils on Building		$_____ (Up to $3,000,000)	0.0749%	$_____
9 Fidelity Guarantee (Limit: $5,000 any one occurrence and in the aggregate)		No. of employee(s) ____ (Up to 15 employees)	$32.10 per employee	$_____
10 Work Injury Compensation Cover subject to:- Please complete the Work Injury Compensation Insurance declaration form which can be downloaded from our website at sompo.com.sg.		Headcount / Est. Annual Wages **		
	Admin/Management (Non-Manual)	_____ $_____	0.0749%	$_____
	Non-Manual Sales/Purchasing & All Other Indoor Staff	_____ $_____	0.3210%	$_____
	Office Cleaner	_____ $_____	0.5350%	$_____
	All Other Indoor Staff (Manual)	_____ $_____	1.0700%	$_____
	Driver/Despatch	_____ $_____	0.8025%	$_____

**** Definition of Annual Earnings**
Earning refers to all remuneration received before deduction of the employee Central Provident Fund (CPF) contributions and personal income tax. It comprises basic wages, overtime pay, commissions, allowances and bonuses but exclude employer CPF contributions.

All sums insured are to be rounded up to the nearest thousand.
PREMIUMS ARE ON A PER LOCATION BASIS UNLESS UNITS ARE ADJOINING.

(C) Total Optional Cover Premium (inclusive of GST) **$_____**
Premium Payable (inclusive of GST): A + B + C **$_____**

PROPOSAL FORM

Spectra™
Light Industrial

Intermediary's Name/Code: _____

IMPORTANT NOTICE

1. Statement Pursuant to Section 25(5) Cap 142 of the Insurance Act
   You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company within the period specified in the Premium Payment Warranty applied to the Policy, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this application is accepted.

The Proposer

Name: _____

ROC/UEN*: _____

** Unique Entity Number*

Address: _____

_____

Tel No.: _____ Fax No.: _____ Email: _____

Business/Trade: _____

Period of Insurance: From _____ To _____

Location of Risk: _____

Information on Premises

If the answer is 'No' to any of the following, please refer to the Company:-

Is the Insured premises constructed of brick, tile, concrete or other incombustible material? ☐ Yes ☐ No

Is the Insured premises solely occupied by you? ☐ Yes ☐ No

If shared with others, please state their business: _____

Fire Preventive Systems of Premises *(If you do not have any of the following, please refer to the Company)*

☐ Fire Alarm System ☐ Sprinkler System

☐ Fire Extinguisher ☐ Fire Hose Reel

☐ Others (Please give details) _____

Security Systems of Premises *(If you do not have any of the following, please refer to the Company)*

☐ CCTV ☐ Burglary Alarm System

☐ Grilled Windows/Doors ☐ 24-hr Security Guard

☐ Others (Please give details) _____

Other Information

Please give details in the space provided if the answer is 'Yes'.

a. Does any financial institution have any interest in the property insured? ☐ Yes ☐ No

b. Does any of the lives to be insured against Personal Accident suffer from any physical defect or infirmity or engaged in any work/activity of a hazardous nature? ☐ Yes ☐ No

c. Are your employees involved in work of a hazardous nature or usage of hazardous machinery? ☐ Yes ☐ No

d. Have you ever suffered loss, damage and/or liability relating to the risk during the past 3 years you now wish to insure against? ☐ Yes ☐ No

e. In respect of risk to be insured, has any previous insurer refused to give cover, renew or imposed any special terms? ☐ Yes ☐ No

Please attach a list if there is insufficient space for details.

Personal Accident

Please provide details of the proprietor/partner(s)/director(s)/employee(s) of Class 1 Occupation insured under Personal Accident section.

No. of Person(s): _____

1. Name (Mr/Mrs/Ms/Mdm/Dr): _____

   Date of Birth: _____ NRIC/Passport No.: _____

   Nationality: _____ Occupation: _____

2. Name (Mr/Mrs/Ms/Mdm/Dr): _____

   Date of Birth: _____ NRIC/Passport No.: _____

   Nationality: _____ Occupation: _____

3. Name (Mr/Mrs/Ms/Mdm/Dr): _____

   Date of Birth: _____ NRIC/Passport No.: _____

   Nationality: _____ Occupation: _____

Fidelity Guarantee

Please provide details of the employee(s) insured under Fidelity Guarantee section.

No. of Employee(s): _____

1. Name (Mr/Mrs/Ms/Mdm/Dr): _____ Date of Birth: _____

   Designation: _____ NRIC/Passport No.: _____

2. Name (Mr/Mrs/Ms/Mdm/Dr): _____ Date of Birth: _____

   Designation: _____ NRIC/Passport No.: _____

3. Name (Mr/Mrs/Ms/Mdm/Dr): _____ Date of Birth: _____

   Designation: _____ NRIC/Passport No.: _____

Declaration

I/We declare to the best of my/our knowledge and belief that:

- All the answers given to this Proposal Form are true
- All the material factors affecting the assessment of the risks have been disclosed

I/We declare I/we fully understand and agree that benefits under Section 4 (Personal Accident) of this policy will only be payable upon an accident occurring.

I/We declare I/we fully understand that the cover provided herein is subject to the condition precedent that:

(a) I/We never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
(b) If I/we had breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
   (i) all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy have been fully paid; and
   (ii) a copy of the written confirmation from the previous insurer to this effect is hereby provided.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo") and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Sompo.

I/We undertake to advise Sompo of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured.

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 sompo.com.sg.

I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at sompo.com.sg.

I am/We are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

If this Proposal has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers.

Date: _____ Signature/Company Stamp: _____

Payment Instruction

☐ PLEASE CHARGE S$ _____ TO MY VISA/MASTER CARD. (Please delete where appropriate)

CARD NO: ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ EXPIRY DATE: ☐☐ – ☐☐

☐ I/WE ENCLOSED A CHEQUE (NO._____) for S$_____

crossed and made payable to **Sompo Insurance Singapore Pte. Ltd.**

Please attach a list if there is insufficient space for details.

Important Note

- This product writeup is not a contract of insurance. Please refer to the Policy for full details of the terms, conditions and exclusions.

- This policy* is protected under the Policy Owers' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit sompo.com.sg/FAQ or GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

  ** Only applicable for Personal Accident and Work Injury Compensation coverage.*

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