

## Money Insurance Proposal Form

### Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company
  - a) before the inception date where the Policy is issued to an Individual; or
  - b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

Intermediary's Name / Code: \_\_\_\_\_

<b>1. The Proposer</b>			
Name (in full):			
Business Address:			
			ROC:
Nature of Trade or Business:		Tel (Off):	(Res):
Period of Insurance: From _____ to _____			
<b>2. General</b>			
A. (i) State address, if other than above at which the property to be insured is situated.			
(ii) Nature of the occupation of such premises (i.e., whether as a Shop, Warehouse, Workshop, etc.)			
B. State the precautions taken for securing the premises.			
C. Description of Safes.			
D. State names and designation of employees conveying the money.			
E. Has any application for Insurance of this nature ever been declined or cancelled?			

**3. Sum Insured****S\$**

- A. Estimated annual amount of money in transit (other than crossed cheques) \_\_\_\_\_
- B. Money in the personal custody of the Proposer or his authorized employees whilst in transit anywhere in Singapore \_\_\_\_\_
- C. Money in Premises kept in locked drawers/cabinets/safe &/or strong room during business hours \_\_\_\_\_
- D. Money in Premises kept in safe &/or strong room after business hours. \_\_\_\_\_
- E. Money kept in locked drawers after business hours. \_\_\_\_\_
- F. On Others (please specify) : \_\_\_\_\_

**DECLARATION**

I/We agree that this Proposal shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo").

I/We 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)

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 [www.sompo.com.sg](http://www.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.

\_\_\_\_\_  
 Company Stamp and/or Signature of Proposer  
 Name of Authorized Signatory:  
 Designation:

\_\_\_\_\_  
 Date

**No liability is attached until this proposal form is accepted by the company**