

COVER (\$\$)	BASIC SUM INSURED/HEADCOUNT	TOP-UP SUM INSURED/HEADCOUNT (Maximum Top-Up)	TOP-UP RATE (inclusive of GST)				TOP-UP PREMIUM	
			Office	F&B	Retail	Service		
1. All Risks	\$150,000	\$ _____ (Up to \$850,000)	0.1080%	0.1620%	0.1620%	0.1620%	\$ _____	
2. Consequential Loss	\$200 per day	\$ _____ (up to \$300 per day)	\$17.28	\$32.40	\$32.40	\$32.40	\$ _____	
			per \$100 per day					
3. Money (a) Money in Transit	\$5,000	\$ _____ (up to \$5,000)	0.3780%				\$ _____	
(b) Money in Premises	\$5,000	\$ _____ (up to \$5,000)	0.3780%				\$ _____	
(c) Money in proprietor's/partner's/director's residence kept in locked drawers/safes after business hours	\$500	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) (Up to 13 Insured Persons)	\$32.40 per person				\$ _____	
5. Public Liability	\$1,000,000	\$ _____ (up to \$2,000,000)	\$32.40	\$81.00	\$54.00	\$54.00	\$ _____	
			per \$500,000 sum insured					
6. Goods-In-Transit	\$2,000	N.A.	N.A.				N.A.	
7. Legal Expenses	\$2,000	N.A.	N.A.				N.A.	
8. Fire & Extraneous Perils on Building	Optional	\$ _____ (Up to \$3,000,000)	0.0378%	0.0540%	0.0540%	0.0540%	\$ _____	
9. Fidelity Guarantee	Optional	No.: _____ employee(s) (Up to 15 employees)	\$16.20	\$16.20	\$32.40	\$16.20	\$ _____	
			per employee					
10. Work Injury Compensation	Optional	Headcount	Total Annual Earnings					
Employee Category								
Admin/Management (non-manual)		_____	\$ _____	0.0756%	0.0832%	0.0756%	0.0756%	\$ _____
All Other Indoor Staff (non-manual)		_____	\$ _____	0.0756%	NA	NA	NA	\$ _____
Office Cleaner and All Other Indoor Staff (manual)		_____	\$ _____	0.5400%	NA	0.5400%	0.5400%	\$ _____
Cashier/Service/Sales/Waiter & All Other Indoor Staff (non-manual)		_____	\$ _____	NA	0.3564%	NA	NA	\$ _____
Cashier/Service/Sales & All Other Indoor Staff		_____	\$ _____	NA	NA	0.2700%	0.2700%	\$ _____
All Other Outdoor Staff (non-manual)		_____	\$ _____	0.3240%	NA	0.3240%	0.3240%	\$ _____
Chef/Kitchen Staff		_____	\$ _____	NA	0.8910%	NA	NA	\$ _____
Driver/Despatch		_____	\$ _____	0.8100%	0.8910%	0.8100%	0.8100%	\$ _____
			Maximum 25 employees					
11. Errors & Omissions	Optional (Service Plan Only)	\$15,000	N.A	N.A	N.A	\$135.00	\$ _____	
(A) Basic Cover Premium (inclusive of GST) Office F&B Retail Service	\$216.00 \$385.83 \$270.27 \$292.95		(B) Total Top-Up Premium (inclusive of GST)				\$ _____	
			Total Premium (inclusive of GST): A + B				\$ _____	
			Additional 20% loading for Locations in light Industrial Areas				\$ _____	
			Premium Payable (inclusive of GST):				\$ _____	

## PROPOSAL FORM



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

### Important Notice

- 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.
- 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.
- 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: \_\_\_\_\_

Is the Insured premises situated in Light Industrial Area ☐ Yes ☐ No

### Please note the loading applicable in the Premium Computation Table.

For Pre-War Shophouses/Building, please refer to Sompo.

### 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

### 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: \_\_\_\_\_

### 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.: \_\_\_\_\_

### 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 that the cover provided herein is subject to the condition precedent that:

- 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
- 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:
  - 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
  - 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 [sompocom.sg](http://sompocom.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 [sompocom.sg](http://sompocom.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 / MasterCard\* (\*delete as 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.

Jul 2023