

COVER (\$\$)	BASIC SUM INSURED/HEADCOUNT	TOP-UP SUM INSURED/HEADCOUNT (MAXIMUM TOP-UP)	TOP-UP RATE (INCLUSIVE OF GST)				TOP-UP PREMIUM (INCLUSIVE OF GST)	
			OFFICE	F&B	RETAIL	SERVICE		
1. All Risks	\$150,000	\$ _____ (Up to \$850,000)	0.1090%	0.1635%	0.1635%	0.1635%	\$ _____	
2. Consequential Loss	\$200 per day	\$ _____ (Up to \$300 per day)	\$17.44	\$32.70	\$32.70	\$32.70	\$ _____	
			per \$100 per day					
3. Money								
a. Money in Transit	\$5,000	\$ _____ (Up to \$5,000)			0.3815%		\$ _____	
b. Money in Premises (Up to limit of \$3,000 in locked drawers/cabinets/cash registers after business hours)	\$5,000	\$ _____ (Up to \$5,000)			0.3815%		\$ _____	
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	Up to 2 persons	Additional _____ person(s) (Up to 13 Insured Persons)				\$32.70 per person	\$ _____	
a. Death/Permanent Disablement	\$50,000 each							
b. Accidental Medical Expenses	\$500 each							
5. Public Liability	\$1,000,000	\$ _____ (Up to \$2,000,000)	\$32.70	\$81.75	\$54.50	\$54.50	\$ _____	
			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)	0.0382%	0.0545%	0.0545%	0.0545%	\$ _____	
9. Fidelity Guarantee	Optional	No.: _____ employee(s) (Up to 15 employees)	\$16.35	\$16.35	\$32.70	\$16.35	\$ _____	
			per employee					
10. Work Injury Compensation Employee Category:			Headcount	Total Annual Earnings				
• Admin/Management (non-manual)			_____	\$ _____	0.0763%	0.0839%	0.0763%	\$ _____
• All Other Indoor Staff (non-manual)			_____	\$ _____	0.0763%	N.A.	N.A.	\$ _____
• Office Cleaner and All Other Indoor Staff (manual)			_____	\$ _____	0.5450%	N.A.	0.5450%	\$ _____
• Cashier/Service/Sales/Waiter and All Other Indoor Staff (non-manual)			_____	\$ _____	N.A.	0.3597%	N.A.	\$ _____
• Cashier/Service/Sales/Waiter and All Other Indoor Staff			_____	\$ _____	N.A.	N.A.	0.2725%	\$ _____
• All Other Outdoor Staff (non-manual)			_____	\$ _____	0.3270%	N.A.	0.3270%	\$ _____
• Chef/Kitchen Staff			_____	\$ _____	N.A.	0.8993%	N.A.	\$ _____
• Driver/Despatch			_____	\$ _____	0.8175%	0.8993%	0.8175%	\$ _____
Please complete the Work Injury Compensation Insurance declaration form which can be downloaded from sompoo.com.sg			Maximum 25 employees					
11. Errors & Omissions	Optional (Service Plan Only)	\$15,000	N.A.	N.A.	N.A.	\$136.25	\$ _____	
A. Basic Cover Premium (Inclusive of GST)			B. Total Top-Up Premium (Inclusive of GST)				\$ _____	
Office	\$218.00		Total Premium (Inclusive of GST): A + B				\$ _____	
F&B	\$389.40		Additional 20% loading for Locations in Light Industrial Areas				\$ _____	
Retail	\$272.77		Premium Payable (Inclusive of GST):				\$ _____	
Service	\$295.66						\$ _____	

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: _____

Occupancy of Premise: _____

Plan Type Office F&B Retail Service

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 Fire Extinguisher Fire Hose Reel Sprinkler System

Others (please provide 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 provide details) _____

OTHER INFORMATION

Please provide details in the space below 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/FIN No.: _____
Nationality: _____ Occupation: _____
2. Name (Mr/Mrs/Ms/Mdm/Dr): _____
Date of Birth: _____ NRIC/FIN 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.: _____ NRIC/FIN No.: _____
Designation: _____
2. Name (Mr/Mrs/Ms/Mdm/Dr): _____
Date of Birth.: _____ NRIC/FIN No.: _____
Designation: _____
3. Name (Mr/Mrs/Ms/Mdm/Dr): _____
Date of Birth.: _____ NRIC/FIN No.: _____
Designation: _____

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

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 INSTRUCTIONS

- 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 enclosed a cheque for S\$ _____ (including GST) made payable to **Sompo Insurance Singapore Pte. Ltd.**
Bank/Cheque No.: _____