SOMPO

Premium Computation Table

Coverage (S$)			Office	Food & Beverage	Retail	Service	Premium (inclusive of GST)
Basic Cover Premium (inclusive of GST) (For additional coverage, please specify the top-up sum insured/headcount and calculate the corresponding premium based on the applicable top-up rate.)			$218.00	$389.40	$272.77	$295.66	$ _____
	Basic Sum Insured/ Headcount	**Top-up Sum Insured/Headcount (maximum top-up)**	**Top-up Rate (inclusive of GST)**				
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 per $100 per day	$32.70 per $100 per day	$32.70 per $100 per day	$32.70 per $100 per day	$ _____
3. Money							
a. Money in Transit	$5,000	$ _____ (up to $5,000)	0.3815%	0.3815%	0.3815%	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%	0.3815%	0.3815%	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.	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	$32.70 per person	$32.70 per person	$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 per $500,000 sum insured	$81.75 per $500,000 sum insured	$54.50 per $500,000 sum insured	$54.50 per $500,000 sum insured	$ _____
6. Goods-in-Transit	$2,000	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
7. Legal Expenses	$2,000	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8. Fire and 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 per employee	$16.35 per employee	$32.70 per employee	$16.35 per employee	$ _____
10. Work Injury Compensation Employee Category:	Optional	Headcount / Total Annual Earnings					
· Admin/Management (non-manual)		_____ $ _____	0.0801%	0.0881%	0.0801%	0.0801%	$ _____
· All Other Indoor Staff (non-manual)		_____ $ _____	0.0801%	N.A.	N.A.	N.A.	$ _____
· Office Cleaner and All Other Indoor Staff (manual)		_____ $ _____	0.5723%	N.A.	0.5723%	0.5723%	$ _____
· Cashier/Service/Sales/Waiter and All Other Indoor Staff (non-manual)		_____ $ _____	N.A.	0.3777%	N.A.	N.A.	$ _____
· Cashier/Service/Sales/Waiter and All Other Indoor Staff		_____ $ _____	N.A.	N.A.	0.2861%	0.2861%	$ _____
· All Other Outdoor Staff (non-manual)		_____ $ _____	0.3434%	N.A.	0.3434%	0.3434%	$ _____
· Chef/Kitchen Staff		_____ $ _____	N.A.	0.9443%	N.A.	N.A.	$ _____
· Driver/Despatch		_____ $ _____	0.8584%	0.9443%	0.8584%	0.8584%	$ _____
Please complete the Work Injury Compensation Insurance declaration form which can be downloaded from sompo.com.sg **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.		Maximum 25 employees					
11. Errors and Omissions (Service Plan only)	Optional	$15,000	N.A.	N.A.	N.A.	$136.25	$ _____
						Sub-Total	$ _____
						Additional 20% loading for Locations in Light Industrial Areas	$ _____
						Total Premium Payable	$ _____

For Pre-War Shophouses/Building, please refer to Sompo. Premiums are on a per location basis unless units are adjoining.

Sompo Insurance Singapore Pte. Ltd.
UEN: 198905490E
GST Reg No: M200903196

Spectra Application Form

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

Important Notice

1. Statement Pursuant to Section 25 (5) Cap 142 of the Insurance Act. You are to disclose in this application 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.

Intermediary's Name/Code:	Producer Code:

Applicant's Details

Company Name:	UEN:
Correspondence Address:	Nature of Business/Trade:
Email:	Tel:

Coverage Details

Period of Insurance: From DD / MM / YYYY to DD / MM / YYYY

Location of Risk:

Occupied as:

Plan Type:	Is the Insured Premises situated in Light Industrial Area?
☐ Office ☐ Food & Beverage ☐ Retail ☐ Service	☐ Yes ☐ No

Please note the loading applicable in the Premium Computation Table.
For Pre-War Shophouses/Building, please refer to Sompo.

Premise Details and Occupancy

If the answer is 'No' to any of the following, please refer to Sompo.

1. Is the Insured Premises constructed of brick, tile, concrete or other incombustible material? ☐ Yes ☐ No
2. Is the Insured Premises solely occupied by you? ☐ Yes ☐ No
   a. If shared with others, please state their business: _____

Fire Safety Systems

If you do not have any of the following, please refer to Sompo.

☐ Fire Alarm System ☐ Fire Extinguisher ☐ Fire Hose Reel ☐ Sprinkler System
☐ Others (please provide details): _____ ☐ None - please refer to Sompo

Security Systems

If you do not have any of the following, please refer to Sompo.

☐ CCTV ☐ Burglary Alarm System ☐ Grilled Windows/Doors ☐ 24-hr Security Guard
☐ Others (please provide details): _____ ☐ None - please refer to Sompo

Other Information

If the answer is 'Yes' to any of the following, please provide details in the space below.

1. Does any financial institution have any interest in the property insured?

   ☐ Yes ☐ No

2. 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

3. Are your employees involved in work of a hazardous nature or usage of hazardous machinery?

   ☐ Yes ☐ No

4. 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

5. 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. *(Please append another sheet if there are more than 2 Insured Persons.)*

Number of Person(s): _____

Insured Person 1	
Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm ☐ Dr	
Date of Birth: DD / MM / YYYY	NRIC/FIN:
Nationality:	Occupation:

Insured Person 2	
Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm ☐ Dr	
Date of Birth: DD / MM / YYYY	NRIC/FIN:
Nationality:	Occupation:

Fidelity Guarantee

Please provide details of the employee(s) insured under Fidelity Guarantee section. *(Please append another sheet if there are more than 3 Insured Employees.)*

Number of Employee(s): _____

Insured Employee 1

Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm ☐ Dr

Date of Birth: DD / MM / YYYY	NRIC/FIN:

Occupation:

Insured Employee 2

Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm ☐ Dr

Date of Birth: DD / MM / YYYY	NRIC/FIN:

Occupation:

Insured Employee 3

Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm ☐ Dr

Date of Birth: DD / MM / YYYY	NRIC/FIN:

Occupation:

Declarations

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

- All the answers given to this Application 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 occuring.

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 Application and Declarations 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 Application 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.

Declarations

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/We am/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 Application Form 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.

Name / designation of Authorised Representative: _____

_____ DD / MM / YYYY

Signature of Authorised Representative and Company Stamp | 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.: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

_____ DD / MM / YYYY

Signature of Cardholder | Date

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

Sompo Insurance Singapore Pte. Ltd.

☐ Bank Transfer

Account Name:	Sompo Insurance Singapore Pte. Ltd.
Bank:	OCBC Bank
Account Number:	695-358820-001
Swift Code:	OCBCSGSG