

BASIC COVER (\$\$)	BASIC SUM INSURED/LIMIT	TOP-UP SUM INSURED/HEADCOUNT (MAXIMUM TOP-UP)	TOP-UP RATE (INCLUSIVE OF GST)	TOP-UP PREMIUM (INCLUSIVE OF GST)
<b>1. All Risks</b> (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)	0.2725%	\$ _____
<b>2. Consequential Loss</b> (Up to 120 days)	\$200 per day	\$ _____ per day (Up to \$300 per day)	<input type="checkbox"/> \$21.80 per \$50 <input type="checkbox"/> \$87.20 per \$200 <input type="checkbox"/> \$43.60 per \$100 <input type="checkbox"/> \$109.00 per \$250 <input type="checkbox"/> \$65.40 per \$150 <input type="checkbox"/> \$130.80 per \$300	\$ _____
<b>3. Money</b> a. Money in Transit  b. Money in Premises (Up to limit of \$3,000 in locked drawers/cabinets/cash registers after business hours)  c. Money in proprietor's/partner's/director's residence kept in locked drawers/safes after business hours	\$5,000  \$5,000  \$500	\$ _____ (Up to \$5,000)  \$ _____ (Up to \$5,000)  N.A.	0.3815%  0.3815%  N.A.	\$ _____  \$ _____  N.A.
<b>4. Personal Accident</b> 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)	\$54.50 per person	\$ _____
<b>5. Public Liability</b>	\$1,000,000	\$ _____ (Up to \$2,000,000)	<input type="checkbox"/> \$109.00 per \$500,000 <input type="checkbox"/> \$327.00 per \$1,500,000 <input type="checkbox"/> \$218.00 per \$1,000,000 <input type="checkbox"/> \$436.00 per \$2,000,000	\$ _____
<b>6. Goods-in-Transit</b>	\$2,000	N.A.	N.A.	N.A.
<b>7. Legal Expenses</b> (including reimbursement of legal expenses in respect of Personal Data Protection Act)	\$2,000	N.A.	N.A.	N.A.
<b>(A) Basic Cover Premium (inclusive of GST)</b>	<b>\$675.80</b>		<b>(B) Total Top-Up Premium (inclusive of GST)</b>	\$ _____

OPTIONAL COVER (\$\$)	CATEGORY	SUM INSURED	RATE (INCLUSIVE OF GST)	ADDITIONAL PREMIUM (INCLUSIVE OF GST)												
<b>8. Fire &amp; Extraneous Perils on Building</b>		\$ _____ (Up to \$3,000,000)	0.0763%	\$ _____												
<b>9. Fidelity Guarantee</b> (Limit: \$5,000 any one occurrence and in the aggregate)		No. of employee(s) _____ (Up to 15 employees)	\$32.70 per employee	\$ _____												
<b>10. Work Injury Compensation</b> Cover subject to:- Please complete the Work Injury Compensation Insurance declaration form which can be downloaded from our website at sompo.com.sg  <b>** Definition of Annual Earnings</b> 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.	Admin/Management (Non-Manual) Non-Manual Sales/Purchasing and All Other Indoor Staff  Office Cleaner All Other Indoor Staff (Manual) Driver/Despatch	<table border="0"> <tr> <td style="text-align: right;"><b>Headcount</b></td> <td style="text-align: right;"><b>Est. Annual Earnings**</b></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table>	<b>Headcount</b>	<b>Est. Annual Earnings**</b>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	0.0763% 0.3270% 0.5450% 1.0900% 0.8175%	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
<b>Headcount</b>	<b>Est. Annual Earnings**</b>															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
<b>All sums insured are to be rounded up to the nearest thousand.            PREMIUMS ARE ON A PER LOCATION BASIS UNLESS UNITS ARE ADJOINING.</b>		<b>(C) Total Optional Cover Premium (inclusive of GST) Premium Payable (inclusive of GST): A + B + C</b>		\$ _____ \$ _____												

Maximum 25 employees

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: \_\_\_\_\_

### 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

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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 [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 INSTRUCTIONS

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