

## Premium Computation Table

Coverage (S\$)				Premium (inclusive of GST)																					
<b>Basic Cover Premium</b> (For additional coverage, please specify the top-up sum insured/headcount and calculate the corresponding premium based on the applicable top-up rate.)				\$ 675.80																					
	Basic Sum Insured/Limit	Top-up Sum Insured/Headcount (maximum top-up)	Top-up Rate (inclusive of GST)																						
1. All Risks (Excess: 1% of loss min \$500 each and every loss except fire, lightning and explosion) a. Plate Glass Cover up to 5% of Sum Insured b. Full Theft Cover up to \$50,000	\$200,000	\$ _____ (up to \$800,000)	0.2725%	\$ _____																					
2. Consequential Loss (up to 120 days)	\$200 per day	\$ _____ (up to \$300 per day)	<input type="checkbox"/> \$21.80 per \$50 per day <input type="checkbox"/> \$87.20 per \$200 per day <input type="checkbox"/> \$43.60 per \$100 per day <input type="checkbox"/> \$109 per \$250 per day <input type="checkbox"/> \$65.40 per \$150 per day <input type="checkbox"/> \$130.80 per \$300 per day	\$ _____																					
3. Money 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.																					
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)	\$54.40 per person	\$ _____																					
5. Public Liability	\$1,000,000	\$ _____ (up to \$2,000,000)	<input type="checkbox"/> \$109 per \$500,000 sum insured <input type="checkbox"/> \$327 per \$1,500,000 sum insured <input type="checkbox"/> \$218 per \$1,000,000 sum insured <input type="checkbox"/> \$436 per \$2,000,000 sum insured	\$ _____																					
6. Goods-in-Transit	\$2,000	N.A.	N.A.	N.A.																					
7. Legal Expenses (Including reimbursement of legal expenses in respect of Personal Data Protection Act)	\$2,000	N.A.	N.A.	N.A.																					
8. Fire and Extraneous Perils on Building	Optional	\$ _____ (up to \$3,000,000)	0.0763%	\$ _____																					
9. Fidelity Guarantee (Limit: \$5,000 any one occurrence and in the aggregate)	Optional	No.: _____ employee(s) (up to 15 employees)	\$32.70 per employee	\$ _____																					
10. Work Injury Compensation Employee Category: • Admin/Management (non-manual) • Sales/Purchasing and All Other Indoor Staff (non-manual) • Office Cleaner • All Other Indoor Staff (manual) • Driver/Despatch Please complete the Work Injury Compensation Insurance declaration form which can be downloaded from <a href="http://sompocom.sg">sompocom.sg</a>  <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.	Optional	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Headcount</th> <th style="text-align: left;">Est. Annual Earnings</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;">0.0801%</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;">0.3434%</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;">0.5723%</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;">1.1445%</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;">0.8584%</td> </tr> <tr> <td colspan="3" style="text-align: center;">Maximum 25 employees</td> </tr> </tbody> </table>	Headcount	Est. Annual Earnings		_____	\$ _____	0.0801%	_____	\$ _____	0.3434%	_____	\$ _____	0.5723%	_____	\$ _____	1.1445%	_____	\$ _____	0.8584%	Maximum 25 employees			0.0801% 0.3434% 0.5723% 1.1445% 0.8584%	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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<b>Total Premium Payable</b>				\$ _____																					

**All Sum Insured are to be rounded up to the nearest thousand. Premiums are on a per location basis unless units are adjoining.**

## Spectra Light Industrial Application Form

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

<b>Important Notice</b>	
<p>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.</p> <p>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.</p> <p>3. The liability of the Company does not commence until this Application is accepted.</p>	
Intermediary's Name/Code:	Producer Code:
<b>Applicant's Details</b>	
Company Name:	UEN:
Correspondence Address:	Nature of Business/Trade:
Email:	Tel:
<b>Coverage Details</b>	
Period of Insurance: From <u>DD/MM/YYYY</u> to <u>DD/MM/YYYY</u>	
Location of Risk:	
Occupancy of Premise:	
<b>Premise Details and Occupancy</b>	
<b>If the answer is 'No' to any of the following, please refer to Sompo.</b>	
<p>1. Is the Insured Premises constructed of brick, tile, concrete or other incombustible material? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the Insured Premises solely occupied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">a. If shared with others, please state their business: _____</p>	
<b>Fire Safety Systems</b>	
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Fire Hose Reel <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Others (please provide details): _____ <input type="checkbox"/> None - please refer to Sompo	
<b>Security Systems</b>	
<input type="checkbox"/> CCTV <input type="checkbox"/> Burglary Alarm System <input type="checkbox"/> Grilled Windows/Doors <input type="checkbox"/> 24-hr Security Guard <input type="checkbox"/> Others (please provide details): _____ <input type="checkbox"/> 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 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 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 [sompocom.sg](http://sompocom.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](http://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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorised Representative and Company Stamp

DD / MM / YYYY

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.:  -  -  -

\_\_\_\_\_  
Signature of Cardholder

DD / MM / YYYY

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