

## MONEY INSURANCE PROPOSAL FORM

Note: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT [CAP 142] you are to disclose in this proposal form fully and faithfully all the facts which you know, otherwise the Policy issued hereunder may be void.  
 This insurance is subject to Premium Payment Warranty Clause which requires the premium to be paid in full within a specific period failing which there will be no liability under the policy.

**Please noted that Money Insurance has to be purchased together with Fire and Burglary Insurance**

INSURED'S PARTICULARS					
Name of Insured:					
Address (Mailing):					
Contact No:	Fax:	E-mail Address:			
NRIC/Passport of Owner (if applicable)					
Nature of Business/Occupation:					
Period of insurance: From			To		
PARTICULARS OF RISK					
1. Risk Premises					
2. Interest to be Insured				Limits of liability (Any one loss)	
a) Money in transit				_____	
b) Money in premises during business hours				_____	
c) Money in premises after business hours- In locked safe / strongroom / drawers / cabinets / cash registers*				_____	
*deleted accordingly					
Total Premium		GST		Please Pay	

DESCRIPTION OF THE PREMISES												
<p><b>1. How is money conveyed and how many employees have charged of it ?</b></p> <p>_____</p> <p>_____</p>												
<p><b>2. Are the employees insured under a Fidelity Guarantee Policy ?</b> If yes, for what sum and which insurance company ?:</p> <p>_____</p> <p>_____</p>												
<p><b>3. Are there any other occupants on the premises ?</b></p> <p>_____</p>												
<p><b>4. General Security of Premises</b></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">▪ Occupied at nights ?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">▪ Occupied at weekends ?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">▪ Security Company Patrols ?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> </table>	▪ Occupied at nights ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	▪ Occupied at weekends ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	▪ Security Company Patrols ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
▪ Occupied at nights ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
▪ Occupied at weekends ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
▪ Security Company Patrols ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
INSURANCE AND CLAIMS HISTORY												
<p><b>1. Have you had any insurance with this Company?</b> If yes, please give details.</p> <p>_____</p>												
<p><b>2. Has any Company or Insurer</b></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">a. declined to insure you?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">b. required special terms to insure you?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">c. cancelled or refused to renew your insurance?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">d. increased your premium on renewal ?</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding-left: 100px;"><input type="checkbox"/> No</td> </tr> </table> <p>If yes, please provide detail:</p> <p>_____</p>	a. declined to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. required special terms to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	c. cancelled or refused to renew your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. increased your premium on renewal ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. declined to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
b. required special terms to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
c. cancelled or refused to renew your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
d. increased your premium on renewal ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

**INSURANCE AND CLAIMS HISTORY**

**3. Have you ever sustained a loss in respect of any of the risks to which this proposal applies ?**  
If yes, please give detail:  
\_\_\_\_\_

**Declaration:-**  
We/I hereby declare that the particulars and answers given above are true and correct to the best of our/my knowledge. We/I have not withheld any information likely to affect acceptance of this proposal, and We/I agree that this proposal shall be the basis of the contract between China Taiping Insurance (Singapore) Pte. Ltd. and ourselves/myself and We/I further agree to accept the Company's Policy subject to the terms, clauses and conditions prescribed by the Company therein.

**Date** .....

**Agent's Name** .....

**Agent's Code** .....

**Agent's Contact No** .....

**Agent's Fax No** .....

**Agent's Email Address** .....

\_\_\_\_\_  
**Proposer's Signature & Company Stamp**

This is not an insurance policy. However your declarations or disclosures shall form the basis of the contract of insurance. The Specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request. This insurance policy will not be in force until the proposal has been accepted by the insurance company.

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
**Authorised Signatory**  
**Date:**