



中国太平
CHINA TAIPING



BIZTrenz OFFICE Package

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

INTRODUCTION

BIZTrenz OFFICE is most suited for office operations involving work of managerial, administrative or clerical nature.

Policy Highlights

- Option of Fire & Extraneous Perils Cover (Standard Plan) or All Risks Cover (Enhanced Plan)
- Competitive & Affordable Premium
- Comprehensive Coverage
- Ease of Application

Sections Highlights

Fire & Extraneous Perils

- First Loss Sum Insured of up to \$125,000
- Optional Coverage for Building Structure at additional premium

All Risks

- Plate Glass Coverage up to 5% of Sum Insured or \$50,000, whichever is lower
- Inclusion of FULL THEFT Cover up to \$50,000

Business Interruption

- Choice plan comes with a standard \$200 daily benefit up to a maximum period of 100 days in the event of any interruption or interference as a result of closure of the whole premises resulting from loss of or damage by a loss covered in either Section 1(A) or 1(B)
- Infectious or Contagious Disease Extension
- Failure of Electricity Supply Extension

Burglary

- Inclusion of FULL THEFT Cover up to \$50,000 or the Sum Insured, whichever is lower
- Snatch Theft Extension

Money

- Loss or damage to Safe, Drawers, Cabinets and Cash Registers up to a limit of \$500
- Inclusion of Personal Accident Benefit Cover for 2 Authorised Employees at \$10,000 each
- Maximum limit any one loss is automatically increased by 50% up to \$5,000 for 7 days preceding and 7 days immediately after the first day of Chinese New Year, Hari Raya Puasa, Deepavali and Christmas Day

Work Injury Compensation

- Personal injury sustained by your employees during meal breaks within the Republic of Singapore

Public Liability

- Advertising & Neon Signs Extensions
- Guests Effects Coverage
- Tenant's Liability Extension

Personal Accident

- Funeral Expenses up to \$1,000
- Hospital Bonus of \$200
- Medical Reimbursement for Chinese Physicians / Acupuncturists / Bonesetters Consultation up to \$200

Plate Glass

- All Risks Cover for Accidental Breakage
- Plate Glass includes fixed glass in Windows, Doors, Partitions, Shopfronts and Showcases

Fidelity Guarantee

- Covers up to 2 Named Employees in the Proposal Form
- Automatic Reinstatement of Limit of Guarantee

Excluded Trades / Businesses / Activities / Premises

- Couriers/delivery services
- Investigations services firms
- Event organisers
- Motor traders
- Money Changers
- Containers offices
- Premises used primarily for storage and/or manufacturing
- Premises not of brick/concrete construction or premises in open or without perimeter, fence or security

ABOUT US

China Taiping Insurance (Singapore) Pte. Ltd. has been operating in Singapore since 1938. We are a member of China Taiping Insurance Group Co., a state-owned financial and insurance group of The People's Republic of China with diversified businesses in more than 20 subsidiaries worldwide.

With more than 70 years of establishment, we have grown to become one of the leading general insurers in Singapore. We offer a wide range of insurance products including motor, home, travel, personal accident, fire, public liability, marine, work injury compensation, contractor's all risks, performance bond, foreign worker bond, foreign workers' medical insurance etc.

We provide quality insurance service to our clients through a high standard of professionalism and we aim to build a distinctive "China Taiping" brand in the world of financial field.

BIZTrenz

For any enquiries, please contact us at 6389 6111.

We are open from Mondays to Fridays - 8:45am to 5:30pm.

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Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

BIZTRENZ OFFICE

Most suited for office operations involving work of managerial, administrative or clerical nature.

SECT	COVERAGE	STANDARD (FIRE & EP)	ENHANCED (ALL RISKS)	ADDITIONAL COVERAGE	PREMIUM RATE	ADDITIONAL PREMIUM (C ₁)
		BASIC SUM INSURED/LIMIT	BASIC SUM INSURED/LIMIT			
1 (A)	Fire & Extraneous Perils	S\$125,000	COVERED	S\$ _____ (Up to S\$1,000,000)	0.035%	S\$ _____
1 (B)	All Risks (excess S\$200 each & every loss except fire, lightning & explosion) - Plate Glass up to 5% of Sum Insured or S\$50,000, whichever is lower - Full Theft Cover up to S\$50,000	NOT APPLICABLE	S\$125,000	S\$ _____ (Up to S\$1,000,000)	0.15%	S\$ _____
2	Business Interruption (Up to 100 days) - Loss of Income / Increase Cost of Working	S\$200 per day	S\$200 per day	S\$ _____ per day (Up to S\$300 per day)	S\$10 per \$100	S\$ _____
3	Burglary - Inclusion of Full Theft Cover up to S\$50,000 or the Sum Insured, whichever is lower	S\$25,000	COVERED	S\$ _____ (Up to S\$500,000)	0.15%	S\$ _____
4	Money a) Money in Transit – Anywhere In Singapore b) Money in Premises - Subject to a sub-limit of S\$3,000 in locked drawers / cabinets / cash registers after business hours	S\$5,000	S\$5,000	S\$ _____ (Up to S\$5,000)	0.75%	S\$ _____
		S\$5,000	S\$5,000	S\$ _____ (Up to S\$5,000)	0.50%	
5	Work Injury Compensation	Up to 4 Employees (Admin only)	Up to 4 Employees (Admin only)	Add'l _____ employee(s) Add'l _____ employee(s) Up to 6 employee(s)	\$10 per employee (Admin) \$30 per employee (Others)	S\$ _____
6	Public Liability	S\$500,000 AOA/AOP UNLIMITED	S\$500,000 AOA/AOP UNLIMITED	S\$ _____ (Up to S\$1,500,000)	S\$5 per \$100,000	S\$ _____
7	Personal Accident – Anywhere in Singapore On the life of named proprietor / partner(s) / director(s) a) Death / Permanent Disablement b) Medical Expenses	Up to 2 Persons S\$50,000 each S\$500 each	Up to 2 Persons S\$50,000 each S\$500 each	Add'l _____ Person(s)	S\$30 per person	S\$ _____
8	Plate Glass	S\$2,500	COVERED	S\$ _____ (Up to S\$7,500)	0.75%	S\$ _____
9	Fidelity Guarantee (Limit S\$2,000 any one occurrence and in the aggregate)	No: _____ Employee(s) Up to 2 Named Employee(s)	No: _____ Employee(s) Up to 2 Named Employee(s)	No: _____ Employee(s) Up to 6 Named Employee(s)	S\$10 per employee	S\$ _____
		<input type="checkbox"/> (A) STANDARD S\$235	<input type="checkbox"/> (B) ENHANCED S\$274	TOTAL ADD'L PREMIUM (C ₁)		S\$ _____
SECT	OPTIONAL COVERAGE	SUM INSURED	RATE	ADDITIONAL PREMIUM (C ₂)		S\$ _____
1 (A)	Fire & EP on building (excluding foundation)	S\$ _____ (Up to S\$2,000,000)	0.035%	S\$ _____	PREMIUM PAYABLE (A) or (B) + (C) + 7% GST	S\$ _____ INCL OF GST

PROPOSAL FORM BIZTRENZ OFFICE

IMPORTANT NOTICE

1. 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.
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.

THE PROPOSER

Name		
ROC No.		
Address		
Tel No.	Fax No.	Email
Business Trade		
Period of Insurance From	To	
Location of Risk		

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's premises solely occupied by you? Yes No

If shared with others, please state their business: _____

FIRE PROTECTION SYSTEMS (If you do not have any of the following, please refer to the Company)

Fire Alarm Fire Extinguisher Fire Hose Reel Smoke Detector Sprinkler

Others (Please give details) _____

SECURITY SYSTEMS (If you do not have any of the following, please refer to the Company)

Burglary Alarm CCTV Grilled Windows/Doors 24-hr Security Guard

Others (Please give details) _____

OTHER INFORMATION (Please give details in the space provided if the answer is 'Yes')

- a. Is there any financial institution having any interest in the property insured?
 Yes No _____
- b. Are there any hazardous goods stored in the premises?
 Yes No _____
- c. Does any proprietor/employee to be insured against Personal Accident suffer from any physical defect or infirmity?
 Yes No _____
- d. Are your employees involved in work of hazardous nature or usage of hazardous machinery?
 Yes No _____
- e. Have you ever suffer loss or damage relating to the risk during the past 3 years you now wish to insure against?
 Yes No _____
- f. 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 Age Limit: 18-65 years old (as at commencement of date of policy)

Please provide details of the proprietor / partner(s) / director(s) insured under Personal Accident

No. of Person(s): 1 2

1. Name (Mr/Mrs/Ms/Mdm)

DOB NRIC/Passport

2. Name (Mr/Mrs/Ms/Mdm)

DOB NRIC/Passport

Please attach a list if space is insufficient

FIDELITY GUARANTEE (To complete, otherwise no coverage under this section)

Please provide details of the employee(s) insured under Fidelity Guarantee section

No. of Employee(s): 1 2

1. Name

Designation NRIC/Passport

2. Name

Designation NRIC/Passport

Please attach a list if space is insufficient

Total Premium Payable (inclusive of GST) S\$

MODE OF PAYMENT

Credit Card  Debit Card

Card Expiry Date:

Card Account No.

NB: Policy will be issued upon receipt of approval from the respective credit card company

Cheque Payment (made payable to China Taiping Insurance (Singapore) Pte. Ltd.)

Bank: _____ Cheque No.: _____

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.

We/ I undertake to advise the Company of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured.

If this Proposal has not been completed by me/us personally, We/ I declare that We/ I have read the completed form and accept full responsibility for the answers.

Signature/Company Stamp

Date

Agent/Broker's Name

Agent/Broker's Code

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.

For Official Use

