

<b>EQUIPMENT ALL RISKS INSURANCE PROPOSAL FORM</b>
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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.

INSURED'S PARTICULARS					
<b>Name of Insured:</b>					
<b>Address:</b>					
<b>Contact No:</b>		<b>Fax:</b>		<b>E-mail Address:</b>	
<b>NRIC/Passport of Owner (if applicable)</b>					
<b>Nature of Business:</b>					
<b>Name of Hire Purchase Company:</b> if any .....					
<b>Situation of Risk:</b> <input type="checkbox"/> As above <input type="checkbox"/> Anywhere in Singapore <input type="checkbox"/> Others, please specify .....					
<b>Occupancy of Premises:</b>					
<b>Period of insurance: From</b> _____ <b>To</b> _____					
DESCRIPTION OF EQUIPMENT INSURED					
Item No	Full Description Please state : Serial No, Engine No, Chassis No, Brand, Tonnage, Model No etc.	Year of Make	Sum Insured (Full Value)	Excess Any One Claim	
<b>Total Premium</b>		<b>GST</b>		<b>Please Pay</b>	

DESCRIPTION OF THE EQUIPMENT	
<p><b>1. Are you the owner of equipment ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please give name and address of owner or finance or leasing company</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>2. If the equipment is kept in the building, what is the construction of the building ?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>3. Where will the equipment be used ?</b></p> <p>_____</p> <p>_____</p>	
<p><b>4. Is the equipment in good condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please state the defective parts:</p> <p>_____</p> <p>_____</p>	
<p><b>5. State the driving qualification of your drivers permitted to drive or operate the proposed property to be insured. (where applicable):-</b></p> <p><input type="checkbox"/> Possessed Valid Class 3 Licence</p> <p><input type="checkbox"/> Possessed Valid Class 4 or 5 Licence</p> <p><input type="checkbox"/> No Driving Licence</p> <p><input type="checkbox"/> Other Certification</p>	

**INSURANCE AND CLAIMS HISTORY**

**1. During the past three years have you made a claim on any of the equipment's policy.**  Yes  No  
If yes, please give details

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**2. Has any Company or Insurer**

a. declined your proposal?  Yes  No

b. imposed special conditions?  Yes  No

c. cancelled or refused to renew your insurance?  Yes  No

d. increased your premium on renewal ?  Yes  No

If yes, please provide detail:

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**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 E-mail 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**

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**Authorised Signatory**

**Date:**