

**PUBLIC LIABILITY INSURANCE PROPOSAL FORM**
**IMPORTANT**

- 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 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 (as defined below): (a) before the inception date where the Policy is issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.
- Your Personal Data Is Important To Us. This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at [www.sg.cntaiping.com/privacypolicy](http://www.sg.cntaiping.com/privacypolicy)
- This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact CTPIS or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**1 General Information**

 Name of Employer (Proposer)
   
  

 Business Registration No. (UEN No.)
   
  

 Business Address
   
  

Country:

Postal Code:

Contact Numbers

Office No.:

Email Address (Mandatory):

Nature of Business

Number of Years in Operations

Period of Insurance

From

 D  D /  M  M /  Y  Y  Y  Y

To

 D  D /  M  M /  Y  Y  Y  Y

**2 Please specify premises owned or leased by the Proposer and to be covered by this insurance**

No.	Address	Occupancy (e.g: Office / Shop / Warehouse / Factory etc.)	Leased / Owned
1			
2			
3			
4			
5			

### 3 Underwriting information in relation to the Proposer's Business Activities

	Prior Year (Actual) – S\$	New Year (Estimate) – S\$
Annual Turnover		
<b>Please advise if the Proposer is involved in Project / Contract Works. If Yes, please provide the following:-</b> <input type="radio"/> Yes <input type="radio"/> No		
a. Highest Contract Value		
b. Average Contract Value		
c. Average Number of Contracts per year		
<b>Please advise whether the Proposer has subcontracted out any of its Projects / Contract Works</b> <input type="radio"/> Yes <input type="radio"/> No		
d. Did the Proposer ensure that the sub-contractors have adequate liability insurance in force with an indemnity limit at least as high as that which you're arranging and do you ensure that such insurance are maintained in force?		<input type="radio"/> Yes <input type="radio"/> No

### 4 Coverage and Limit of Liability

Cover	<input type="radio"/> Premises Risks	<input type="radio"/> Anywhere in Singapore
Limit of Liability	S\$ _____ (Any one Accident)	Unlimited ( Any one Period )

### 5 Underwriting Information in relation to your work

Please **tick** in the appropriate box below. If any of the Answer is **YES**, please indicate percentage (%) of works involved.

1. Handling or Removal of Asbestos materials	<input type="radio"/> Yes <input type="radio"/> No	%
2. Handling of nuclear or radioactive materials or working in environment exposed to these	<input type="radio"/> Yes <input type="radio"/> No	%
3. Handling of hazardous gas, chemicals, toxic substance and waste	<input type="radio"/> Yes <input type="radio"/> No	%
4. Handling of fireworks, ammunition, fuses, cartridges, power, nitro-glycerin or any explosives	<input type="radio"/> Yes <input type="radio"/> No	%
5. Handling of pyrotechnics	<input type="radio"/> Yes <input type="radio"/> No	%
6. Work on board vessels, offshore platforms / rig or in shipyards, including supervisory and/or inspection or survey If <b>YES</b> , (i) please state the maximum number of employees on board any vessel any one time _____ (ii) Is there any shipyard requirement to be fulfilled? If <b>YES</b> , please provide a copy of the shipyard requirements	<input type="radio"/> Yes <input type="radio"/> No	%
7. Diving and/or Underwater activities	<input type="radio"/> Yes <input type="radio"/> No	%
8. Work involving heights exceeding 30 feet (3 storey) from ground / floor level If <b>YES</b> , please advice Maximum Height : _____ , Average Height: _____	<input type="radio"/> Yes <input type="radio"/> No	%
a. Rope Access	<input type="radio"/> Yes <input type="radio"/> No	%
b. Scaffolds, Gondolas	<input type="radio"/> Yes <input type="radio"/> No	%
c. Cranes, scissor lifts, spider lifts	<input type="radio"/> Yes <input type="radio"/> No	%
d. Erection / Dismantling of Steel Structure / Scaffolding / Gondola	<input type="radio"/> Yes <input type="radio"/> No	%
9. Work involving wrecking, dam construction or tower chimney shaft works	<input type="radio"/> Yes <input type="radio"/> No	%
10. Working underground e.g. tunneling, underground mines	<input type="radio"/> Yes <input type="radio"/> No	%
11. Working in a confined space e.g manholes, sewerage, cargo holds and/or ship engines If <b>YES</b> , please state the maximum no. of workers at any one time ____	<input type="radio"/> Yes <input type="radio"/> No	%
12. Working in Chemical and/or Petrochemical Plants	<input type="radio"/> Yes <input type="radio"/> No	%
13. Working in Quarries	<input type="radio"/> Yes <input type="radio"/> No	%
14. Drilling, producing, refining and distribution of oil and gas (other than general distributors and gas delivery drivers)	<input type="radio"/> Yes <input type="radio"/> No	%
15. Works on board air-craft or airside exposure	<input type="radio"/> Yes <input type="radio"/> No	%
16. Stevedoring works / terminal operators / "bunkering and/or debunkering" activities or services	<input type="radio"/> Yes <input type="radio"/> No	%

## 6 Please complete this Section for Past Claims History for the past 3 years

Date of Accident	Nature of Accident	Claim Paid (S\$)	Claim Outstanding (S\$)

## 7 Past Insurance History

- i) Has any Insurer declined, cancelled or not renewed any of the Proposer's insurance cover in the past 3 years?  Yes  No
- ii) Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?  Yes  No

## 8 Declaration

I/ We hereby declare that the particulars of this Declaration Form are true and I/We agree that this Declaration shall form part of the basis of the Contract between me/us (the Policyholder / Proposer) and the Company.

By submitting information to the Company,

- (1) The Policyholder / Proposer agrees and gives consent for the Company to verify the following information about the Policyholder / Proposer with governmental or regulatory authorities, for the purposes of processing, underwriting, administering and managing the Policy with the Company:
  - (a) workforce size and aggregated payroll for all, or any class of employees;
  - (b) number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.
- (2) The Policyholder / Proposer also consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Policyholder / Proposer related to the Policy to the Policyholder / Proposer's insurance intermediaries and the Company's authorised agents and service providers) for purposes relating to or incidental to the Policyholder / Proposer's claims under the Policy or in accordance with the Personal Data Protection Act 2012 of Singapore and its subsidiary legislations, as amended from time to time..

The Company is authorised to collect, retain, use and/or disclose as it reasonably deems fit, any information in respect of this to the Company's relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my/our Agents, financial institutions, credit agencies, investigators, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities whether within or outside Singapore in accordance with CTPIS Privacy Policy which is made available on our website at [www.sg.cntaiping.com/privacypolicy](http://www.sg.cntaiping.com/privacypolicy), as may be amended from time to time. As far as reasonably possible, the Company will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

Employer's Company Stamp	Authorised Signature (Name and Designation)	Date
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Intermediary Account Code	Name of Intermediary	Email Address	Contact Number

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