BizTrenZ OFFICE PACKAGE PROPOSAL FORM

IMPORTANT

1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142), Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise policy issued hereunder (the "Policy") may be void.
2. **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/en/privacypolicy
3. 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 us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

1 Particulars of the Proposer

Name	UEN No.

Address

Country: Postal Code:

Contact Numbers

Office No.:	Mobile No. (Mandatory):	Email Address (Mandatory):

Business Trade

Period of Insurance

From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y

Location of Risk

2 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 combustible material? ◯ Yes ◯ No

Is the Insured's premises solely occupied by you? ◯ Yes ◯ No

If shared with others, please state their business:

3 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):

4 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):

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5 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?

◯ No ◯ Yes:

b. Are there any hazardous goods stored in the premises?

◯ No ◯ Yes:

c. Does any proprietor/employee to be insured against Personal Accident suffer from any physical defect or infirmity?

◯ No ◯ Yes:

d. Are your employees involved in work of hazardous nature or usage of hazardous machinery?

◯ No ◯ Yes:

e. Have you ever suffer loss or damage relating to the risk during the past 3 years you now wish to insure against?

◯ No ◯ Yes:

f. In respect of risk to be insured, has any previous insurer refused to give cover, renew or imposed any special terms?

◯ No ◯ Yes:

6 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 Personal Accident

No. of Person(s): ◯ 1 ◯ 2

1. Name ◯ Mr ◯ Mrs ◯ Ms ◯ Mdm	2. Name ◯ Mr ◯ Mrs ◯ Ms ◯ Mdm
Date of Birth	Date of Birth
D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
NRIC / Passport No. (Please attached a copy of ACRA and your Identity Document)	NRIC / Passport No. (Please attached a copy of ACRA and your Identity Document)

7 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
(not including Directors, Proprietor & Partners)

1. Name	2. Name
Designation	Designation
NRIC / Passport No. (Please attach a copy of your Identity Document)	NRIC / Passport No. (Please attach a copy of your Identity Document)

Please attach a list if space is insufficient

Total Premium Payable (inclusive of GST)	S$

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8 MODE OF PAYMENT (Please tick)

◯ CASH/ NETS - PAYMENT AT OUR 16TH FLOOR OFFICE

◯ CHEQUE - PAYMENT TO "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."

◯ CREDIT CARD MasterCard VISA ◯ DEBIT CARD

NAME OF CARD HOLDER _____

____ - ____ - ____ - ____

EXPIRY DATE: M M / Y Y Y Y
Month Year

AMOUNT: _____

I AUTHORISE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. TO DEBIT MY CARD FOR THE ABOVE AMOUNT.

SIGNATURE OF CARD HOLDER	DATE

Upon receipt of your application & payment, we will proceed with the necessary documentation with MOM.

I hereby declare that the information given above is true and complete and that I have not withheld any material fact. This Proposal and any Guarantee issued pursuant to this Proposal shall be subject to the Counter Indemnity below to which terms and conditions I agree. It is hereby agreed that a signed proposal form and counter indemnity received by facsimile or otherwise shall be deemed binding and legally enforceable in a court of law.

I am aware of and agree to abide by the Policy's terms, conditions and exclusions.

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

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9 Work Injury Compensation

IMPORTANT NOTICE

The information declared in this form may be made known to the Ministry Of Manpower as and when required. All employees under different categories must be insured unless exempted. You will be deemed to be your own insurer to the extent of the shortfall in the Annual Wages, salaries and other monetary earnings declared and shall bear a ratable proportion of the libility accordingly. Employees of category not insured under the Policy will not be covered.

No. of Employees	Category / Description of Occupations	Estimated Annual Wages, Salary & Other Monetary Earnings capped at S$40,000 or less per employee. (Above this cap - please insure under a separate WIC policy.)

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10 BIZTrenZ Office

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

Excluded Trades / Businesses / Activities / Premises : Couriers / delivery services, investigation services, event organisers, motor traders, money changers, container offices, premises used primarily for storage and / or manufacturing, premises not made of brick / concrete construction or premises in open or without perimeter or fence or security.

Sect	COVERAGE	Standard (Fire & EP) Basic Sum Insured / Limit	Enhanced (All Risks) Basic Sum Insured / Limit	Additional Coverage	Premium Rate	Additional Premium (C_1)
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 Interruptions** **(Up to 100 days)** - Loss of Income / Increase Cost of Working	S$200 per day	S$200 per day	S$ _____ (Up to S$300 per day)	S$10 per S$100	S$ _____
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	S$5,000	S$5,000	S$ _____ (Up to S$5,000)	0.75%	S$ _____
	b) Money in Premises - Subject to a sub-limit of S$3,000 in locked drawers / cabinest / cash registers after business hours	S$5,000	S$5,000	S$ _____ (Up to S$5,000)	0.50%	S$ _____
5	**Work Injury Compensation (WIC)**	If coverage is required kindly submit duly completed WIC form for our consideration. Please note WIC will be issued on a separate policy.				
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 S$100,000	S$ _____
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$10 per employee	S$ _____
		○ **(A) STANDARD S$200**	○ **(B) ENHANCED S$235**	**TOTAL ADDITIONAL PREMIUM (C_1)**		S$ _____

Sect	COVERAGE	SUM INSURED	RATE	ADDITIONAL PREMIUM (C_2)		
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$ _____ Inclusive of GST

Version Accurate as of 1 June 2022.

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