

BIZTRENZ LIGHT INDUSTRIAL PACKAGE PROPOSAL FORM
IMPORTANT

- Under Section 23(5) of the Insurance Act 1966, you are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS" or "Company") reserves the right to request for more information.
- Your Personal Data Is Important To Us.** This is an application for an insurance product provided by CTPIS. 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
- This Proposal Form is not a contract of insurance. However, once accepted and the premium is paid, the information provided in this Proposal Form will form the basis of the insurance contract. Full details of the terms, conditions and exceptions are provided in the policy documents, which will be sent to you upon acceptance.

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	DD / MM / YYYY	To DD / MM / YYYY
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):

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	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Mdm	2. Name	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Mdm
Date of Birth		Date of Birth	
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
NRIC / Passport No. <small>(Please attached a copy of ACRA and your Identity Document)</small>		NRIC / Passport No. <small>(Please attached a copy of ACRA and your Identity Document)</small>	

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. <small>(Please attach a copy of your Identity Document)</small>	NRIC / Passport No. <small>(Please attach a copy of your Identity Document)</small>
<small>Please attach a list if space is insufficient</small>	
Total Premium Payable (inclusive of GST)	S\$

Caters to manufacturing and assembly businesses and/or businesses involved in storage of own goods (non-hazardous & non-flammable) in premises designated for light industrial use.

Excluded Trades / Businesses / Activities / Premises : Motor repair workshops, container and paper board boxes, computers-related, precious metals and gems, explosives, foams and plastics, food and beverages, flammable and hazardous products, gases and chemical, joss stick and paper, printing and publishing, furnace and kiln, hot works / spray painting / woodworking, steel / aluminium fabrication / stamping, container offices, premises not made of brick / concrete construction or premises in open or without perimeter or fence or security.

Sect	COVERAGE (no hot works and no welding works)	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)	0.10%	S\$ _____	
1(B)	All Risks (excess 2% of Loss min S\$500 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\$500,000)	0.35%	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\$20 per S\$100	S\$ _____	
3	Burglary - Inclusion of Full Theft Cover up to S\$50,000 or the Sum Insured, whichever is lower	S\$50,000		COVERED		S\$ _____ (Up to S\$500,000)	0.20%	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 / cabinet / cash registers after business hours	S\$5,000		S\$5,000		S\$ _____ (Up to S\$5,000)	1.25%	S\$ _____	
		S\$5,000		S\$5,000		S\$ _____ (Up to S\$5,000)	0.75%	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\$20 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\$50 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\$20 per employee	S\$ _____	
		○ (A) STANDARD S\$550		○ (B) ENHANCED S\$580		TOTAL ADDITIONAL PREMIUM (C₁)		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)		0.10%		S\$ _____	PREMIUM PAYABLE (A) or (B) + (C) + GST		S\$ _____ Inclusive of GST

10 Mode of Payment (Please tick)

- CASH/ NETS - PAYMENT AT OUR 16TH FLOOR OFFICE
- CHEQUE - PAYMENT TO "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."
- CREDIT CARD   DEBIT CARD

NAME OF CARD HOLDER _____

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EXPIRY DATE:

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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.

11 Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on CTPIS website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Proposal Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS 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.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

- Email Mail SMS and other phone-based messages Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at:
<https://www.sg.cntaiping.com/en/our-support/personal-form/>
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

12 Declaration

I declare that:

- a) I am validly & legally authorised by the Proposer to submit this Proposal Form;
- b) I have shown this entire completed document to the Proposer and have obtained the Proposer's consent; and
- c) I, in my personal capacity, agree to indemnify, defend and hold harmless CTPIS from and against any and all damages, losses, liabilities, costs and expenses suffered by CTPIS arising from or in connection with any failure on my part to obtain the Proposer's valid authority.

I/We hereby declare that the information above and the additional information (if any) annexed to this Proposal Form are true, correct and complete, whether written by us or by anyone else on our behalf and I/We accept full responsibility for them.

I/We have not withheld any material information. I/We agree that the information in this Proposal and other written statement or information furnished by us or on our behalf shall form the basis of the Contract between me/us (the Insured) and CTPIS.

I/We acknowledge that the liability of CTPIS shall only commence when this Form has been accepted and the premium is paid and received in full by CTPIS:

- (a) before the inception date where the Policy is issued to an individual; or
- (b) within the period specified in the Premium Payment Warranty (PPW) applied to the Policy in all other instances.

The Insured consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured's insurance intermediaries and CTPIS's authorised agents and service providers) for purposes relating to or incidental to the Insured's claims under the Policy or in accordance with the required regulations. CTPIS may disclose policy-related information to relevant third parties, including entities within China Taiping Insurance Group, reinsurers, authorised intermediaries, and service providers, strictly for the purposes of underwriting, claims processing, and policy administration.

All disclosures will be made in accordance with applicable laws and regulations. For full details on personal data handling, please refer to Section 11 and the CTPIS Privacy Policy.

IMPORTANT: If a material fact is not disclosed in this Proposal Form, any policy issued may not be valid. If you are unsure whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the intermediary but was not included in the Proposal Form. Please check to ensure that you are fully satisfied with the information furnished and/or declared in this Proposal Form.

Authorised Signatory & Company Stamp

Name: _____

Date: _____

Agent/Broker's Name

Code: _____