

BIZTRENZ SERVICE 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	To	
<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"/>	
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	2. Name
<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Mdm	<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>

Please attach a list if space is insufficient

Total Premium Payable (inclusive of GST) **S\$**

Caters to businesses which render professional and/or personal services such as clinics, showrooms, slimming centres, spas, massage parlours, foot reflexology, fitness centres, hair & beauty saloons, manicures & pedicures, laundry & dry cleaning, bridal studios, photographic studios and other related businesses.

Excluded Trades / Businesses / Activities / Premises : Infant / child care centres, air conditioning services / cleaning / pest control services, investigation services / security services, betting centres, bars / discotheques / nightclubs/ karaoke lounges / pubs, massage parlours (unless members of Spa Association Singapore), arcade games and billiard centres, cosmetics and corrective surgery or treatment involving but not limited to laser tattoo oral medication injections implants and body piercing, water and outdoor sports, flammable and hazardous products, martial art courses, driving courses, container offices, premises not made of brick / concrete construction or premises in open or without perimeter or fence or security.

Note : Breach of professional services as a result of error and omission committed or negligent act committed by the Insured / employee of the Insured (treatment error) is excluded.

Sect	COVERAGE	Standard (Fire & EP)		Enhanced (All Risks)		Additional Coverage	Premium Rate	Additional Premium (C ₁)
		Basic Sum Insured / Limit	Basic Sum Insured / Limit	Basic Sum Insured / Limit	Basic Sum Insured / Limit			
1(A)	Fire & Extraneous Perils	S\$125,000	COVERED	S\$ _____ (Up to S\$1,000,000)	0.055%	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\$500,000)	0.225%	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\$15 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\$250,000)	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 / cabinet / cash registers after business hours	S\$3,000	S\$3,000	S\$ _____ (Up to S\$7,000)	0.75%	S\$ _____		
		S\$3,000	S\$3,000	S\$ _____ (Up to S\$7,000)	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\$500,000)	S\$15 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\$15 per employee	S\$ _____		
		○ (A) STANDARD S\$230	○ (B) ENHANCED S\$280	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)	0.055%	S\$ _____	PREMIUM PAYABLE (A) or (B) + (C) + GST	S\$ _____ Inclusive of GST		

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: _____