

CONTRACTORS' ALL RISKS / PUBLIC LIABILITY / EMPLOYERS' LIABILITY INSURANCE 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.

 Please state the type of insurance required: ☐ CAR ☐ PL ☐ WC

1 Particulars of the Insured

Name of Insured (Contractor)	
Name of Principal	
Business Address	
Country:	Postal Code:
Title of Contract Including Location of Contract Works	Consulting Engineer / Architect
Construction Period	Maintenance Period
From <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"/> 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"/>	months

2 Contractor's All Risk Insurance

Section 1 - Material Damage	Sum Insured	Rate (%)
a) Contract Works	S\$	
b) Professional Fee	S\$	
c) Removal of Debris	S\$	
d) GST	S\$	
e) Others	S\$	
Section 2 - Third Party Liability		
Limit of Indemnity		
S\$ Any One Accident		
Unlimited Any One Period		

2 Contractor's All Risk Insurance (continue)

EXCESS

Section 1 - Material Damage

- a) Act of God S\$for each and every claim
- b) Others S\$for each and every claim
- c) Collapse % of the loss, subject to a minimum of S\$ for each and every claim
- d) Existing Properties % of the loss, subject to a minimum of S\$ for each and every claim
All excess to be borne by the Contractor

Section 2 - Third Party Liability

- a) Third Party Property Damage S\$
- b) Vibration/Weakening % of the loss, subject to a minimum of S\$ for each and every claim
- c) Removal of Supports/Collapse % of the loss, subject to a minimum of S\$ for each and every claim
- d) Underground Services % of the loss, subject to a minimum of S\$ for each and every claim
- e) Others S\$

Total Premium

Please Pay

S\$

GST

S\$

S\$

3 Public Liability Insurance

Limit of Indemnity required: Any One Accident

..... Any One Period

Rate:

Total Premium

Please Pay

S\$

GST

S\$

S\$

4 Employer's Liability Insurance

Estimated wage roll * is %, equivalent to S\$ of the Contract Price

Rate:

Total Premium

Please Pay

S\$

GST

S\$

S\$

* Wages, salaries and other monetary earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but excluding traveling allowances and employers' CPF contributions

5 General Information

1. a) Distance from site to nearest property.

b) Type of above property/age/condition/use.

2. Is there any existing plant/structure or surrounding property in your possession, care, custody or control at the site or adjacent? If so, please specify including values ☐ Yes ☐ No

3. Experience of contractor in similar projects.

Setup since

4. Please describe any experimental or prototype designs/techniques to be used.

5. Details of flood history at the project site.

6. Are there any claims in the past three years?

☐ Yes ☐ No

If yes, how many and what is the highest paid amount and the total claims incurred?

6 Excavation Works

1. Measurements

Average depth

Maximum depth

Average width

Minimum depth

Maximum width

2. Total value of earthwork:

.....

3. Will any blasting take place? If so, cost?

☐ Yes ☐ No

.....

4. Will any demolition take place? If so, cost and method?

☐ Yes ☐ No

.....

7 Foundation Works

1. Will any piling be performed? If yes, please enclose geotechnical / soil report and answer as follows:

☐ Yes ☐ No

a) Method

☐ Bakau Pile

☐ Reinforce Concrete Pile

☐ Bore Pile

☐ Others please specify

b) Dimensions of piles

c) Maximum depth driven

d) Total number of piles

2. Contract value for piling works \$

8 Building Works

Height of building/Stories/Number of units

Type of scaffolding to be used

Brief description of the intended business or service activities in the proposed structure

☐ Dwellings ☐ Factory / Warehouse ☐ Office ☐ Others, please specify

Other relevant details

9 Proposal Shall Be Submitted Together With The Following Documents

☐ Letter of Award (LA) ☐ Scope of Work ☐ Site Plan ☐ Soil Report (if applicable) ☐ Survey Report (if applicable)

Any other Special Endorsement Required

10 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.

11 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 10 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: _____