

FIRE / BURGLARY / ALL RISKS / CONSEQUENTIAL LOSS 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.

1 Insured's Particulars

Name of Insured			Mr	Ms	Mdm	UEN No.	
Mailing Address							
Country:				Postal Code:			
Contact Details							
Home No.:				Office No.:			
Mobile No. (Mandatory):				Email Address (Mandatory):			
NRIC/FIN/*Passport number (Please attach a copy of your Identity Document)							
				*Passport Expiry Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Location(s) to be insured							
Name of Mortgagee (if any)				Nature of Business/Occupation			
Period of insurance							
From		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	To <input type="text"/>

2 Coverage Required

Item	Interest Insured	Sum Insured (S\$)
1	Building	
2	Trade Machinery, Equipment & Plant	
3	Stocks-in-trade consisting of:	
4	Furniture, Fixtures & Fittings	
5	Household Goods and Personal Effects (excluding jewellery)	
6	Office Equipment	
7	Loss of rent on _____ months	
8	Others (please specify)	
Total Sum Insured		

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Coverage Required (continued)

Please tick coverage		S\$	Rate %	Premium S\$	Excess Any One Claim
1. Fire and EP	Sum Insured	.....	.....	.....	.....
2. Burglary	1 st Loss Sum Insured On Interest Insured (Item 2-8)				
	Item .....	.....	.....	.....	.....
	Item .....	.....	.....	.....	.....
	Item .....	.....	.....	.....	.....
	Item .....	.....	.....	.....	.....
	Total Sum Insured	.....	.....	.....	.....
	Full Value Sum Insured	.....	.....	.....	.....
3. All Risk	Sum Insured	.....	.....	.....	.....
4. Consequential Loss	Gross Profits	.....	.....	.....	.....
	Wages	.....	.....	.....	.....
	Auditors' Fees	.....	.....	.....	.....
	Additional Increase In Cost Of Working	.....	.....	.....	.....
	Indemnity Period months (Note: If Indemnity Period is more than 12 months, the sum insured on Gross Profits and Wages must be increased accordingly)			
Total Premium	GST	Please Pay

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Description Of Property To Be Insured (Please Tick)

1. Of what materials are the premises constructed?					
a. Walls:	Brick	Concrete	Asbestos	Open-sided	Others:
b. Roof:	Tiles	Concrete	Asbestos	Zinc	Others:
c. Building Frame:	Metal	Concrete	Wooden		
2. a. State the details of Buildings:					
Age of buildings:		Number of buildings:		Number of Storeys of each buildings:	
b. Does the building adjoin any other premises?					
Yes	No	If yes, state its nature of business:			
c. Are there any occupants in the same premises?					
Yes	No	If yes, state its nature of business:			
3. Fire/Burglary Protection:					
Fire Extinguisher	Yes & Number	No	Heat Detector	Yes	No
Yard Hydrants	Yes & Number	No	Watchman Service	Yes	No
Sprinkler	Yes	No	In house fire Brigade	Yes	No
Hose reel	Yes	No	If yes, are they trained and number of persons in the team?		
Fire Alarm	Yes	No	Other protection other than the above		
If yes, where is the fire alarm connect to?					
Burglary Alarm	Yes	No			
Smoker Detector	Yes	No			
4. a. For what purpose is the premises occupied:					
Dwelling	Office	Shop	Warehouse	Factory	Others (Please specify)
b. Is there any manufacturing process carried out therein?					
Yes	No	If yes, state its nature of business:			

Description Of Property To Be Insured (Please Tick) (continued)

5. General Security of Premise

Occupied at nights?	Yes	No	Occupied at weekends?	Yes	No	Security Company Patrols?	Yes	No
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6. Are there any hazardous good stored in the premises?

Yes No If yes, state the type of hazardous goods:

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7. Is there any insurance on the same property in force?

Yes No If yes, state

i) Name of Insurer:

ii) Amount Insured:

8. Has any Company or Insurer

a. declined to insure you?	Yes	No
b. required special terms to insure you?	Yes	No
c. cancelled or refused to renew your insurance?	Yes	No
d. increased your premium on renewal?	Yes	No

If yes, please provide detail:

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9. Have your premises been burgled before, or an attempt thereat made by thieves? If so, what precautions have been taken to prevent re-occurrence?

10. Give full particulars of all losses for the last 3 years.

Date of loss	Nature of claim	Amount Claimed (S\$)

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.

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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 4 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.

Proposer's Signature & Company Stamp

Agent's Name: _____ Date _____

Agent's Code: _____

Agent's Contact No.: _____

Agent's Fax No.: _____

Agent's E-mail: _____

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. This insurance policy will not be in force until the proposal has been accepted by the insurance company.

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For Official Use Only

Authorised Signatory _____ Date _____