

PUBLIC 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.

1 General Information

 Name of Employer (Proposer)

 Business Registration No. (UEN No.)

 Business Address

Country:

Postal Code:

Contact Numbers

Office No.:

Email Address (Mandatory):

Nature of Business

Number of Years in Operations

Period of Insurance

From

 / /

To

 / /
2 Please specify premises owned or leased by the Proposer and to be covered by this insurance

No.	Address	Occupancy (e.g: Office / Shop / Warehouse / Factory etc.)	Leased / Owned
1			
2			
3			
4			
5			

3 Underwriting information in relation to the Proposer's Business Activities

	Prior Year (Actual) – S\$	New Year (Estimate) – S\$
Annual Turnover		
Please advise if the Proposer is involved in Project / Contract Works. If Yes, please provide the following:- <input type="radio"/> Yes <input type="radio"/> No		
a. Highest Contract Value		
b. Average Contract Value		
c. Average Number of Contracts per year		
Please advise whether the Proposer has subcontracted out any of its Projects / Contract Works <input type="radio"/> Yes <input type="radio"/> No		
d. Did the Proposer ensure that the sub-contractors have adequate liability insurance in force with an indemnity limit at least as high as that which you're arranging and do you ensure that such insurance are maintained in force?		<input type="radio"/> Yes <input type="radio"/> No

4 Coverage and Limit of Liability

Cover	<input type="radio"/> Premises Risks	<input type="radio"/> Anywhere in Singapore
Limit of Liability	S\$ _____ (Any one Accident)	Unlimited (Any one Period)

5 Underwriting Information in relation to your work

Please **tick** in the appropriate box below. If any of the Answer is **YES**, please indicate percentage (%) of works involved.

1. Handling or Removal of Asbestos materials	<input type="radio"/> Yes <input type="radio"/> No	%
2. Handling of nuclear or radioactive materials or working in environment exposed to these	<input type="radio"/> Yes <input type="radio"/> No	%
3. Handling of hazardous gas, chemicals, toxic substance and waste	<input type="radio"/> Yes <input type="radio"/> No	%
4. Handling of fireworks, ammunition, fuses, cartridges, power, nitro-glycerin or any explosives	<input type="radio"/> Yes <input type="radio"/> No	%
5. Handling of pyrotechnics	<input type="radio"/> Yes <input type="radio"/> No	%
6. Work on board vessels, offshore platforms / rig or in shipyards, including supervisory and/or inspection or survey If YES , (i) please state the maximum number of employees on board any vessel any one time _____ (ii) Is there any shipyard requirement to be fulfilled? If YES , please provide a copy of the shipyard requirements	<input type="radio"/> Yes <input type="radio"/> No	%
7. Diving and/or Underwater activities	<input type="radio"/> Yes <input type="radio"/> No	%
8. Work involving heights exceeding 30 feet (3 storey) from ground / floor level If YES , please advice Maximum Height : _____ , Average Height: _____	<input type="radio"/> Yes <input type="radio"/> No	%
a. Rope Access	<input type="radio"/> Yes <input type="radio"/> No	%
b. Scaffolds, Gondolas	<input type="radio"/> Yes <input type="radio"/> No	%
c. Cranes, scissor lifts, spider lifts	<input type="radio"/> Yes <input type="radio"/> No	%
d. Erection / Dismantling of Steel Structure / Scaffolding / Gondola	<input type="radio"/> Yes <input type="radio"/> No	%
9. Work involving wrecking, dam construction or tower chimney shaft works	<input type="radio"/> Yes <input type="radio"/> No	%
10. Working underground e.g. tunneling, underground mines	<input type="radio"/> Yes <input type="radio"/> No	%
11. Working in a confined space e.g manholes, sewerage, cargo holds and/or ship engines If YES , please state the maximum no. of workers at any one time ____	<input type="radio"/> Yes <input type="radio"/> No	%
12. Working in Chemical and/or Petrochemical Plants	<input type="radio"/> Yes <input type="radio"/> No	%
13. Working in Quarries	<input type="radio"/> Yes <input type="radio"/> No	%
14. Drilling, producing, refining and distribution of oil and gas (other than general distributors and gas delivery drivers)	<input type="radio"/> Yes <input type="radio"/> No	%
15. Works on board air-craft or airside exposure	<input type="radio"/> Yes <input type="radio"/> No	%
16. Stevedoring works / terminal operators / "bunkering and/or debunkering" activities or services	<input type="radio"/> Yes <input type="radio"/> No	%

6 Please complete this Section for Past Claims History for the past 3 years

Date of Accident	Nature of Accident	Claim Paid (S\$)	Claim Outstanding (S\$)

7 Past Insurance History

- i) Has any Insurer declined, cancelled or not renewed any of the Proposer's insurance cover in the past 3 years? Yes No
- ii) Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months? Yes No

8 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.

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 8 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: _____

Intermediary Account Code	Name of Intermediary	Email Address	Contact Number