

COMMERCIAL LINES INSURANCE PROPOSAL FORM

Company Name	
Postal Address	
Nature of Business	

Has your company suffered any loss, made any claims or been involved in any circumstances which have or could have resulted in a claim in respect of the risks proposed within the past 3 years? Yes / No

If yes, please provide details such as date of loss, nature of claim, amount paid and outstanding claims in a separate sheet

Section A - Property Risk

Coverage	Fire & Extraneous Perils / All Risks	
Location of risk		
Occupied as	Office / Shop / Factory / Workshop / Warehouse / Others (please specify)	
Insured items	Description	Sum Insured
	a) Building (excluding foundation) **	
	b) Renovation, furniture, fittings & fixtures	
	c) Office equipment and business contents	
	d) Plant and machinery	
	e) Stock and materials in trade	
	f) Others (please specify)	
	Total	
** For building	Age of building	
	No. of storey	

1) What are the fire preventive measures available at insured premises?

2) What are the security measures available at insured premises?

3) Is the insured premise constructed of brick/ tile/ concrete? Yes / No

4) Do you share premises with other occupants? Yes / No

5) Are there any hazardous/ combustible/ flammable goods stored at insured premises? Yes / No

6) Is there any spray painting/ hot work/ welding being carried out in insured premises? Yes / No

If yes, please provide details

Consequential Loss	
Indemnity Period	
Annual Gross Profit	
Professional Accountant's Charges	
Additional Increased in Cost of Working	
Others (please specify)	
Burglary	
Basis of coverage	Full Value / First Loss
Description	Sum Insured
a) Renovation, furniture, fittings & fixtures	
b) Office equipment and business contents	
c) Plant and machinery	
d) Stock and materials in trade	
e) Others (please specify)	
Total	
Plate Glass	
Basis of coverage	Full Value / First Loss
Description	Sum Insured
Plate glass including lettering, painting and ornamental work	
Curtain walls	
Money	
Description	Sum Insured
Money in Transit	
Is the transit accompanied by at least 2 employees?	Yes / No
Money in Premises during business hours	
Money kept in locked safe/strong room after business hours	
Money kept in locked drawer/cabinet after business hours	
Fidelity Guarantee	
Description	Sum Insured/No. of Employees
Total Sum Insured	
Number of Employees	

Electronic Equipment	
Description	Sum Insured
Material Damage (excluding portable equipment)	
External Data Media	
Increased Cost of Working	
Equipment (available only if Fire & Extraneous Perils cover is selected)	
Description	Sum Insured
Machinery & Equipment – All Risks	
Public Liability	
Territorial limit (please select)	
<input type="checkbox"/> Premise risk only <input type="checkbox"/> Anywhere within Singapore in connection with insured's business	
Limit of indemnity (any one accident/ occurrence)	
Are you involved in any contract work/work outside own company premises	Yes / No
If yes, please advice the followings:	
What is the maximum height involved in work and frequency per year?	
What is your annual turnover?	
What is the maximum contract value?	
What is the average contract value?	
a) Manual work in connection with installation, erection, repair, maintenance, testing, demolition or construction outside your premises?	Yes / No
b) Work in connection with excavation, manholes and tunnels?	Yes / No
c) Work at a height of more than 10 metres or 30 feet above floor or ground level?	Yes / No
d) Work in connection with scaffoldings, gondolas and/ or other related activities	Yes / No
e) Work onboard vessel, oil rigs, in oil refineries or shipyard?	Yes / No
f) Work in connection with flammable goods, explosives, toxic chemicals or corrosive materials?	Yes / No

If your answer is "yes" to any of the above, please provide details on the nature of work

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Work Injury Compensation

Total number of employee you have engaged		
No. of employees	Occupation/ Designation	Estimated annual earnings (including bonus/ AWS/ OT/ allowance (except transport allowance))

Do any of your employees undertake

a) manual work in connection with installation, erection, repair, maintenance, testing, demolition or construction outside your premises?	Yes / No
b) work in connection with excavation, manholes and tunnels?	Yes / No
c) work at a height of more than 10 metres or 30 feet above floor or ground level?	Yes / No
d) work in connection with scaffoldings, gondolas and/ or other related activities	Yes / No
e) work onboard vessel, oil rigs, in oil refineries or shipyard?	Yes / No
f) work using heavy industrial machines that involve cutting, pressing, grinding, welding, etc?	Yes / No
g) work using lift, elevator, escalator, cranes and hoists?	Yes / No
h) work in connection with flammable goods, explosives, toxic chemicals or corrosive materials?	Yes / No

If your answer is "yes" to any of the above, please provide details on the nature of work

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Important Notice:

- 1) Please note the above is not exhaustive and additional information/ documents may be required in the course of Underwriting.
- 2) You are to disclose fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

Important Notice

1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy issued hereunder may be void.
2. No Liability is undertaken until the Proposal has been returned and accepted by Eastern Insurance Agency Pte Ltd.
3. All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken in the negative.
4. If this Proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid and received by the insurers/brokers/agents within sixty (60) days from the inception date of the cover. Where the period of insurance is less than 60 days, the premium due must be paid and received within the period of insurance. If this Condition is not complied with then this contract is automatically cancelled and insurers shall be entitled to the pro-rata premium for the period they have been on risk.

I/We* understand that this policy is underwritten by Eastern Insurance Agency Pte Ltd.

I/We* declare the information given above to be correct and agree that this proposal shall form the basis of the contract between me/us and the insurer

(*Please circle where appropriate)

Proposer's Signature & Company Stamp

Name:

Designation:

Date: