

LONPAC INSURANCE BHD

(Incorporated in Malaysia)

101 Thomson Road #18-01 United Square Singapore 307591

Tel: (65) 6250 7388 Fax: (65) 6253 2058

Office Insurance Package PROPOSAL FORM

Pursuant to Section 25(5) of the Insurance Act (Cap. 142), you are to disclose in this Proposal Form fully and faithfully all the facts that you know or ought to know, otherwise the Policy issued may be void.

Details of Proposer

Name of Company:	
Correspondence Address:	
Tel. No. :	Fax No. :
Email :	
Description of Business:	
Period of Insurance : (both dates inclusive)	
From: _____	To : _____

Details of Risk

Premises to be insured : (if different from above)
Is the Premises shared with other occupants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Premises owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented
What is the security system in the Premises? <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> None

General Details

Have you suffered losses (whether insured or uninsured) in the last three(3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details.
Has any of your insurance proposals or renewals ever been declined, withdrawn or imposed special terms? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details.

Declaration

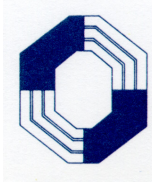
I/We declared that my/our premises is constructed of brick and/or concrete, roofed externally with non-combustible material and in good state of repair.

I/We have never been convicted of or charged or tried for any criminal acts (other than driving offence).

I/We declared that the above statements and particulars given are true and correct and agree that if the above particulars are completed by any other person, he does so as my/our agent and not as agent of Lonpac Insurance Bhd.

I/We agree that this declaration shall be the basis of the contract between Lonpac Insurance Bhd and myself/ourselves.

Authorised Signatory and Company Stamp



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Section	Type of Coverage	Interest Insured / Description	Sum Insured / Limit of Liability	Additional Sum Insured	Additional Premium Rate	Annual Premium
1	Multi-Risks (a) Property (b) Fixed Glass	(a) The Section covers all risks of accidental loss or damage to insured property of every description including contents (b) Extended to covers accidental breakage of fixed glass including fixed mirrors.	(a) S\$50,000.00 (Excess S\$150.00 each and every claim except fire & lightning) (b) S\$5,000.00	S\$	0.10% (maximum sum insured limit of S\$500,000)	S\$
2	Business Interruption Insurance	This Section covers loss of earnings if your business is totally suspended due to loss or damage to your property	S\$200.00 per day for up to 90 days	S\$	0.10% (maximum limit of S\$500 per day up to 90 days)	S\$
3	Money Insurance	In Transit – Covers loss of money whilst in transit in Singapore On Premises – Covers loss of money in premises	S\$5,000.00 S\$5,000.00	S\$ S\$	1.00% (maximum limit of S\$10,000 each for in transit and in premises)	S\$
4	Workmen's Compensation Insurance	The Section covers the Insured's Statutory Liability under the Workmen's Compensation Act and their legal liability at Common Law	Up to 5 indoor employees	S\$	\$50 per employee (maximum up to 10 indoor employees)	S\$
5	Public Liability Insurance	This Section indemnify the Insured for any legal liability due to bodily injury to third parties and/or loss of or damage to property of third parties happening in connection with the Insured's business.	Premise Limit: S\$3 million for any one accident Outside Premise Limit in Singapore: S\$1 million for any one accident	NA	NA	S\$
6	Fidelity Guarantee Insurance	This Section Indemnify the Insured for any loss of monies or goods as the result of any Fraud or Dishonest act or acts committed by any of the employees acting alone or in collusion with others.	S\$3,000 any one occurrence and in the aggregate for the period	S\$	2.5% on amount guaranteed (up to max. limit of S\$10,000)	S\$
7	Personal Accident Insurance	The Section will pay benefits for death or permanent disablement resulting from accidental bodily injury and the cover is operative 24 hours a day worldwide	S\$30,000 for death & permanent total disablement (Class I occupation)	S\$	0.10% on Benefit Limit (up to max. 5 employees)	S\$
Basic Premium (A)			S\$225.00		Additional Premium (B)	S\$
					Basic Premium (A)	S\$225.00
					5% GST	S\$
					Total Premium	S\$

Please refer to the actual policy wording for the full and complete details of the cover.