

PROPOSAL FORM - FIRE / BURGLARY

IMPORTANT NOTICE TO THE PROPOSER

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 proposed, otherwise the policy issued hereafter may be void.

PARTICULARS OF PROPOSER

Full Name:			
Mailing Address:			Postal Code ()
Contact Person:			
Contact No.: (Home)	(Mobile)	(Fax)	(Email)
Nature of Business:			
Business Registration No:		Number of Years in Business:	
Mortgagee (if any):			

PERIOD OF INSURANCE

From: _____	To: _____
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RISK TO BE INSURED:

Location:		
Fire:	Interest Insured	Sum Insured (\$\$)
	Building / Improvement Cost	
	Furniture, Fixtures & Fittings	
	Office & Business Equipment	
	Stocks & Material consisting of _____	
	Machinery / Plant	
	Loss of Rent: _____ months	
	Others, please specify: _____	
	Total Sum Insured (\$\$)	
Burglary:	Interest Insured	Sum Insured (\$\$)
	_____ <input type="checkbox"/> Full Value	
	_____ <input type="checkbox"/> First Loss	

DETAILS OF PROPERTY

1. Use of Premises:	<input type="checkbox"/> Dwelling <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Manufacturing <input type="checkbox"/> Engineering <input type="checkbox"/> Warehouse <input type="checkbox"/> Others, please specify: _____
2. Construction of Premises:	
a) Walls	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Open-sided <input type="checkbox"/> Others, please specify: _____
b) Roof	<input type="checkbox"/> Tiles <input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Zinc <input type="checkbox"/> Others, please specify: _____
c) Building Frame	<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wooden

3. Fire Fighting Appliances		
Sprinkler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Extinguisher	<input type="checkbox"/> Yes & Number _____	<input type="checkbox"/> No
Yard Hydrants	<input type="checkbox"/> Yes & Number _____	<input type="checkbox"/> No
Hose reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> Yes If yes, where is the fire alarm connect to? _____	<input type="checkbox"/> No
Smoke Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In-house Fire Brigade	<input type="checkbox"/> Yes If yes, are they trained and number of persons in the team? _____	<input type="checkbox"/> No
Protection other than the above: _____		
4. Security Systems of Premises:		
Surveillance Camera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burglar Alarm System	<input type="checkbox"/> Yes If yes, state (a) Brand _____ (b) Whether connected to a central monitoring station <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Grilled Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24 Hours Watchman Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security Checkpoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others, please specify: _____		

ADDITIONAL INFORMATION

a. Are there any hazardous goods stored in the premises? If yes, please state the types of hazardous goods: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are there any high value/attractive goods (e.g. birdnest, ginseng, sharksfin, Abalone etc) stored in the Premises? If yes, please state the types of high value / attractive goods: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the Premises shared with others? If yes, please state its nature of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the building adjoin with any other premises? If yes, please state its nature of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is there any insurance on the same property in force for the same period of Insurance being proposed? If yes, please state: (i) Name of Insured: _____ (ii) Sum Insured (S\$): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Has any Insurance Company ever refused your Fire Burglary Insurance Proposal or refused to renew your Fire / Burglary Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIM EXPERIENCE

Please give full details of all losses for the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed (S\$)

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- Debt collection agencies;
- Dispute resolution parties;
- Parties that assist us to investigate, administer and adjudicate claims;
- Financial institutions;
- Credit reference agencies;
- Industry associations; and
- To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

- ☐ Telephone call
 ☐ Text Message
 ☐ Mail
 ☐ Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 77 Robinson Road, #12-01, Robinson 77, Singapore 068896. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

Payment before Cover Warranty (for Private Individuals):

Please note that the premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was affected on or before inception date of the coverage, failing which the insurance coverage shall not attach and no benefits shall be payable by the Company.

Premium Payment Warranty (for Corporate Client):

Please note that the premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within 60 days from the inception date of the coverage, failing which the Policy shall be automatically terminated and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.

Declaration:

We/ I do hereby declare and warrant that the answers/ information given above in every respect are true and correct and we/ I have not withheld any information likely to affect the acceptance of this proposal and we/ I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves/ myself and we/ I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

Signature of Proposer & Company Stamp

Date

FOR OFFICIAL USE:

Intermediary:	Code:	Tel:
Email:		Fax:

UNDERWRITER'S QUOTATION:

Terms & Conditions:

Quotation Date

Signature

Underwriter: _____