

PROPOSAL FORM – PUBLIC LIABILITY INSURANCE (EXCLUDING CONTRACT WORKS)

IMPORTANT NOTICE

1. Pursuant to Section 25(5) of the Insurance Act (Chap. 142), as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.
2. No insurance is in force until this Proposal has been accepted by the Company.
3. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the policy is issued to an individual; or (b) within the period specified in the Premium Warranty applied to the policy in all instances, failing which there will be no liability under this cover.

PARTICULARS OF PROPOSER

Full Name:	
Mailing Address:	Postal Code ()
Contact No.: (Office) (Fax) (Mobile)	Email:
No. of Years in Business:	Co. Regn. No.:
Nature of Business:	Period of Insurance: From To

THE RISK PREMISES

Location:
Use of Premises: <input type="checkbox"/> Dwelling <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Engineering <input type="checkbox"/> Others, please specify:

TURNOVER

Please state Annual Turnover:

LIMIT OF INDEMNITY

Please state Limit of Indemnity required.
A) Any One Occurrence:
B) Any One Period of Insurance: Unlimited

ADDITIONAL INFORMATION

	Yes	No
A. Are there any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any workers involved in works at height of more than 30 feet above floor or ground level? If yes, will there be any scaffolding works &/or other related activities?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are there any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are there any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are there any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?	<input type="checkbox"/>	<input type="checkbox"/>
F. Are there any workers involved in lifting or hoisting operations, especially in public areas?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are there any workers required to work onboard vessels? If yes, what is the maximum number of employees on board any vessel at any one time? Employees	<input type="checkbox"/>	<input type="checkbox"/>
H. Will there be any diving &/or related underwater activities pertaining to your business?	<input type="checkbox"/>	<input type="checkbox"/>

I. Is the building adjoin with any other premises? If yes, please state its nature of business : _____	<input type="checkbox"/>	<input type="checkbox"/>
J. Is there any insurance in force covering the same exposure for the same period of insurance being proposed? If yes, please state: (i) Name of Insurer : _____ (ii) Limit of Indemnity (\$\$) : _____	<input type="checkbox"/>	<input type="checkbox"/>
K. Has any Insurance Company ever refused your Public Liability Insurance Proposal or refused to renew your Public Liability Policy?	<input type="checkbox"/>	<input type="checkbox"/>
L. Has your insurance been cancelled solely or in part due to breach of premium payment warranty in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

CLAIMS EXPERIENCE

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Year of Loss	Nature of Loss	Amount Claimed (\$\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____

DETAILS OF EXPIRING INSURANCE

Please provide the following information:

- A) Insurer: _____
- B) Limit of Indemnity: - Any One Occurrence (\$\$): _____
- Any One Period (\$\$): _____
- C) Annual Premium (\$\$): _____
- D) Excess: _____
- E) Expiring Date: _____
- F) Special Terms and Conditions: _____

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;

- c. 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;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. 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.

DECLARATION

WE/I 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 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

Accepted by:	Date:
Agent / Broker:	Code: