

Description of the Premises and Other Particulars

Construction of Walls / Roof

Brick & Concrete Others, please specify:

Are there any other insurances held on the same premises?

Yes No

If "Yes", please give details.

Are you the sole occupant?

Yes No

If "No", please give details of other occupants.

Are there any highly combustible or inflammable goods (e.g. alcohol, cigarettes) stored in the Premises?

Yes No

If "Yes", please give

a) brief description of such goods:

b) total value of such goods: S\$ _____

c) total value of Stock-In-Trade: S\$ _____

Have you carried out all the obligations imposed on you by the Laws and Regulations governing the conduct or maintenance of your Premises (including machinery)?

Yes No

Have you suffered loss or damage to your property or has there been any accident to your employees during the last 3 years?

Yes No

If "Yes", please give brief description and amount of loss.

Please state business/trade carried on the adjacent premises.

On the Left:

On the Right:

Declaration by Proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/we accept full responsibility for them.

I/We have not withheld any material information. I/We agree that this proposal and other written statement, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income.

I/We acknowledge that the liability of NTUC Income does not commence until this proposal has been accepted and the premium paid and received in full by NTUC Income.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Proposer & Company's Stamp

Date (dd/mm/yyyy)

For Official Use

Adviser's Name	Adviser's Code	Date (dd/mm/yyyy)	Policy Delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Policy No.	Premium	Remarks	

IMPORTANT NOTES (Applicable to coverage under Work Injury Compensation only)

GI/PC/09/2009

- 1) Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding one year or to both.
- 2) The information declared in this form may be made known to the Ministry of Manpower as and when required.