



8. Are any highly combustible or inflammable goods stored in the premises? If "Yes", please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Fire fighting facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you the sole occupant? If "No", please give details of other occupant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Please state business/trade carried on in 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 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 and the premium 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	