

APPLICATION FOR PUBLIC LIABILITY INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of Proposer			
Name (as shown in NRIC)			Unique Entity No. (UEN)
Correspondence Address of Proposer			Email
Contact No. (O)	(H)	(Hp)	(Fax)
Type of Business/Trade			Year of Business Establishment
Occupied as		Period of Insurance (dd/mm/yyyy) From to	
Estimated Annual Turnover (\$\$)			

Details of Insurance Required	
Limit of Indemnity Required Any One Accident: \$ _____ Any One Period: \$ _____	Territorial Limit: (Please tick accordingly) <input type="checkbox"/> within Insured's premises <input type="checkbox"/> anywhere in Singapore

Description of the Premises and Other Particulars	
1. Do any of your employees undertake duties away from the premises for the purpose of your business? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will any work be carried out on board vessel/in shipyard/in oil refinery? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will any work be sub-contracted? If "Yes", please state estimated annual contract value.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is cover in respect of sub-contractors required? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any lift(s), elevator(s), escalator(s), crane(s), hoist(s) and machinery(ies) used in connection with your business? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are your premises(ies), and all machinery(ies), appliances and plant(s) in sound condition and in good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use, store or carry any radioactive substances, explosives or highly inflammable goods? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any insurer declined to insure you against the liability to which this proposal relates? If "Yes", please give the name of the insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there any other Insurances held with the Society? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Were there any losses/claims during the past 3 years? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration by Proposer	
<p>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.</p> <p>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.</p> <p>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.</p>	
_____ 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	