

Claims Experience for the past 3 years, as at _____ (mth/yr)

Insurance Period (dd/mm/yyyy)		No. of Employees	Paid Claims for Period		Outstanding Claims for period	
From	To		Number	Amount (\$)	Number	Amount (\$)

Section B (for Project policies)

Contract Title _____

Contract Period: From _____ To _____ months maintenance/ _____ Estimated wage roll of contract _____

Claims Experience for the past 3 years, as at _____ (mth/yr)

Year	Turnover	Paid Claims for Period		Outstanding Claims for period	
		Number	Amount (\$)	Number	Amount (\$)

Description of Location of Risk (where such location is within premises)

1. Do you wish to insure the following? a) Employees of sub-contractors If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Against accident sustained by the employees during travel to and from place of employment and lunch/meal breaks. If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you carried out all the obligations imposed on you by the Laws and Regulations governing the conduct or maintenance of your Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are your boilers, machinery, plant, equipment and ways properly fenced and guarded, and otherwise in good order and condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any insurer declined to insure your employees? If "Yes", please give name of insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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

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/application 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 and the premium does not commence until this proposal/application has been accepted and the premium paid and received in full by NTUC Income.
 I/We further agree that employees not included in Categories/Description of Occupations (under Section A, Section 1 & 2 above) will not be covered under the Policy.

Signature of Proposer & Company's Stamp

Date (dd/mm/yyyy)

For Official Use

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