







8. Is there a strict system of cash receipts control, including travellers cheques?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the system of daily bank deposits independently checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a proper control of bank account operations and cheque books?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is regular (at least monthly) bank reconciliations and checks of receipt counterfoils and vouchers made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are the approval and control of bills received carried out by responsible staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there a regular balancing and control of debtor accounts with statements sent regularly to all debtors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is there a responsible control of credit notes by senior accounting staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are perpetual records for all categories of stock assets independently maintained by physical control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there a close supervision of storage and custody of all stocks maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are all deliveries to and from stores properly authorised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are all dealings in investments authorised by the Board of Directors and is there a control of registers, certificates, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is capital expenditure controlled by the Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is there a regular independent system of internal audit of the activities of all persons guaranteed made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is a full external audit (at least once annually) carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Claims

1. Has any insurer declined, refused renewal or cancelled this insurance within last 3 years? If "Yes", please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were there any losses/claims (whether insured or not) due to dishonesty of employees, partners or directors? If "Yes", please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In relation to Q2, please advise the steps that you have taken to prevent a recurrence.	

### Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

### Declaration and warranty by proposer

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

We have not withheld any material information. We agree that this application and other written statements, information or declaration made by us or on our behalf shall form the basis of the contract of insurance between us and Income. We acknowledge that the liability of Income does not commence until this application has been accepted and the premium paid and received in full by Income.

We confirm (a) that we understand and agree to the collection, use and disclosure of our personal data as stated in the "Personal Data Use Statement" (PDUS) and (b) on the representation and warranty made in the PDUS.

**If a material fact is not disclosed in this application, 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 intermediary but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.**

\_\_\_\_\_  
Signature of proposer & company stamp

\_\_\_\_\_  
Date (dd/mm/yyyy)

### For official use

Intermediary's name	Intermediary's code	Date (dd/mm/yyyy)	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
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