

Application for Stallholder insurance

Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying.
Otherwise, the insurance policy may not be valid.

Particulars of proposer and insured person

Name of Stallholder (as shown in NRIC)			Name of Joint operator (as shown in NRIC)		
Nationality	NRIC Number	Date of birth (dd/mm/yyyy)	Nationality	NRIC Number	Date of birth (dd/mm/yyyy)
Stallholder Contact number (Home) (Handphone)		Joint operator Contact number (Home) (Handphone)			
Type of business/trade <input type="checkbox"/> Non-cooked food stall/kiosk <input type="checkbox"/> Cooked food and/or Drink stall/kiosk				NEA License Number	
Address of stall to be insured					
Correspondence address of proposer					

Details of insurance required

Period of insurance (dd/mm/yyyy)	From _____	To _____
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Claims history

Were there any losses/claims within the last 3 years? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any insurer declined or refused renewal or imposed any special terms on any of your applications within the last 3 years? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual premium

	Type of Business	Plan A	Plan B	Plan C
A	Non-cooked food stall/kiosk	<input type="checkbox"/> \$ 107.00	<input type="checkbox"/> \$ 149.80	<input type="checkbox"/> \$ 214.00
	Cooked food and/or Drink stall/kiosk	<input type="checkbox"/> \$ 128.40	<input type="checkbox"/> \$ 179.76	<input type="checkbox"/> \$ 256.80
B	Optional Cover Fire & Insured Perils on insured building • \$6.42 per S\$10,000 sum insured, up to a max of \$ 100,000	\$ _____ x \$6.42 = \$ _____		
C	Optional Cover Work Injury Compensation for hawker assistant registered with NEA only a. Monthly salary of \$2,000 and below - \$64.20 per employee b. Monthly salary above \$2,000 - \$107.00 per employee	a. _____ x \$64.20 per employee = \$ _____ b. _____ x \$107.00 per employee = \$ _____		
Total Premium payable: A + B + C				

Premium rates are inclusive of 7% GST

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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Mail form with cheque made payable to "NTUC Income" to NTUC Income, 75 Bras Basah Road, Income Centre, Singapore 189557.