

## Application for Public Liability Insurance - Individual

**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

Name of proposer (as shown in NRIC)		NRIC number
Correspondence address of proposer		Date of birth (dd/mm/yyyy)
Contact number (Office)	(Home)	(Handphone)
Type of business/trade	Occupied as	Period of insurance (dd/mm/yyyy) From to

### Details of insurance required

Limit of indemnity required Any one accident: S\$ _____ Any one period: Unlimited	Location of premise to be insured
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### 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

## Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative 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.

### Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services ("Marketing and Promotional messages") offered by Income, our business partners and NTUC Enterprise group of social enterprises ("NE Group") that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively "Income Partners"):

Postal mail    Email    Phone call    Phone messages\*

\*Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- (a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (c) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.

You may 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 authorisation

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 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 Income.

I/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.

I/We confirm (a) that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" (PDUS); (b) on the representation and warranty made in the PDUS; (c) on the preference(s) where I/we have indicated my/our consent (if any) to receive Marketing and Promotional messages.

**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

\_\_\_\_\_  
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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