

Application for Fire Insurance (Business Premises) - 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)
Location of premises to be insured		Occupied as	Type of business/trade
Contact number (Office)	(Home)	(Handphone)	Email

Details of insurance required

Period of insurance (dd/mm/yyyy)	From	To
	Interest to be insured	Amount to be insured (S\$)
	On Building	
	On Furniture, Fixtures, Fittings	
	On Office & Business Equipment	
	On Plant & Machinery	
	On Stock-in-Trade consist of: _____	
	On Rent (Number of months: _____)	
	Others (Please specify): _____	
	TOTAL	

Description of the premises and other particulars

1. Construction of Walls	<input type="checkbox"/> Brick & Concrete	<input type="checkbox"/> Brick & Timber or Corrugated Iron	<input type="checkbox"/> Timber only
2. Construction of Roof	<input type="checkbox"/> Tiles/Concrete/Asbestos	<input type="checkbox"/> Metal Sheets	<input type="checkbox"/> Others (Please specify) : _____
3. Building Frame	<input type="checkbox"/> Metal	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wooden
4. Type of Building	<input type="checkbox"/> Detached	<input type="checkbox"/> Non-Detached	<input type="checkbox"/> Number of storeys: _____
5. Are you holding license(s) as required by the relevant Authorities? If "Yes", do you comply with the conditions and requirements thereof? If "No", please state reasons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Exempted
6. Are there any other insurances held on the same premises? If "Yes", please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Has any insurer declined to insure your property? If "Yes", please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Are any highly combustible or inflammable goods stored in the premises? If "Yes", please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

9. Are you the sole occupant? Yes No
 If "No", please give details of other occupant.

10. Please state business/trade carried out in the surrounding premises.

On the Front: _____ On the Right: _____
 On the Rear: _____ On the Left: _____

11. Fire fighting appliance

- Sprinkler Yes No
- Fire extinguisher Yes No
- Yard hydrant Yes No
- Hose reels Yes No
- Fire alarm Yes No
 if yes, where is the fire alarm connected to? _____
- Smoke detector Yes No
- Heat detector Yes No
- In-house fire bridge Yes No
 If yes, are they trained and number of persons in the team? _____
- Protection other than the above: _____ Yes No

12. Security system of premise

- Surveillance camera Yes No
- Security guards/24 hours watchman services Yes No
- Security checkpoint Yes No
- Others, please specify: _____

13. Have you ever suffered loss or damage by fire for the last 3 years? Yes No
 If "Yes", please give details.

Date of loss	Nature of claim	Amount claimed (\$\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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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