

## Application for Fire Insurance (Business Premises) - Company

**Statement pursuant to Section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)**  
 You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for.  
 Otherwise, the insurance policy issued may not be valid.

### Particulars of proposer

Name of proposer		Name of contact person	
Correspondence address of proposer			Unique entity number (UEN)
Location of premises to be insured		Occupied as	Type of business/trade
Contact number (Office)	(Handphone)	Email	

### Details of insurance required

Period of insurance (dd/mm/yyyy)	From	To
	<b>Interest to be insured</b>	<b>Amount to be insured (S\$)</b>
	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): _____	
	<b>TOTAL</b>	

### Description of the premises and other particulars

1. Construction of Walls	<input type="checkbox"/> Brick & Concrete	<input type="checkbox"/> Brick & Timber or Metal Sheets	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (S\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 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.

**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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