

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	

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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