

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
	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 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
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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