

Application for Public Liability insurance - 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		Unique entity number (UEN)	
Correspondence address of proposer		Email	
Contact number (Office) (Home) (Handphone)		Estimated annual turnover (S\$)	
Type of business/trade	Year of business establishment	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	Territorial limit: (Please tick accordingly) <input type="checkbox"/> within insured's premises <input type="checkbox"/> anywhere in Singapore
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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

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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