

## Application for Public Liability insurance - 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)
Contact number (Office) (Home) (Handphone)	Email	
Type of business/trade	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	Location of premise to be insured
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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

## Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

### 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your insurance agents or insurance brokers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

### 5. Consent to receive marketing materials

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call  Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or [DPO@income.com.sg](mailto:DPO@income.com.sg).

Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

### 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 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.

I/We confirm that I/We understand and agree to the "Personal data collection statement".

**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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