NTUC Income Insurance Co-operative Limited
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an NTUC Social Enterprise

Application for Theft insurance (Business premises)

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 No. (UEN)
Correspondence address of proposer	Type of business/trade
Contact number (Hand phone) (Office) (House)	Email
Address of premises to be insured	
Occupied as	Period of insurance (dd/mm/yyyy) From to

Details of insurance required

Interest to be insured	Amount to be insured
On Stock-in-trade	$
On plant & machinery	$
On furniture, fixtures, fittings & office equipment	$
Others (please specify)	$
TOTAL	$

Description of the premises and other particulars

1. Construction of walls: ☐ Brick & concrete ☐ Brick & timber/corrugated iron ☐ Timber Only
2. Construction of roof: ☐ Tiles/concrete/asbestos ☐ Metal sheets ☐ Others (Pls specify) ____________
3. Are you the sole occupier? If "No", please give details of other occupants. ☐ Yes ☐ No
4. Are there any showcases or display windows which are unprotected and/or can be opened from outside premises? ☐ Yes ☐ No
5. Are the premises occupied at night? ☐ Yes ☐ No
   If "No", is there a watchman, caretaker or other person(s) on the premises at night? ☐ Yes ☐ No
6. Will the premises be left unoccupied a) during weekends? ☐ Yes ☐ No
   b) for any continuous period of one week or longer? ☐ Yes ☐ No
7. Is any burglar system fitted? If "Yes", please give details. ☐ Yes ☐ No
8. Have your premises or any premises occupied by you at any time entered by thieves? ☐ Yes ☐ No
   If "Yes", state a) when and how did they gain access?
   b) amount of losses?
   Have you taken any precaution to prevent another incident? If "Yes", please state what precautions have you taken? ☐ Yes ☐ No
9. Are there any fire insurance held on the contents of your premises? If "Yes", please state amount and name of insurer. ☐ Yes ☐ No
10. Do you keep stock books and sale books and are these promptly posted? ☐ Yes ☐ No
11. Has any insurer declined to insure your property? If "Yes", please give details. ☐ Yes ☐ 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

Adviser's name	Adviser's code	Date (dd/mm/yyyy)	Policy delivery ☐ Hand ☐ Mail
Policy No.	Premium	Remarks	