

Homes Advantage Proposal Form

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PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

PROPOSER INFORMATION

PERSONAL DETAILS	
Name (Mr./Mrs./Ms./Mdm./Miss.)	NRIC/Passport No.
Date of Birth (DD/MM/YYYY)	Nationality
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others	Occupation
Name of Employer	

CONTACT DETAILS	
Correspondence Address	
Postal Code	
Tel (HP)	(H) (O)
Fax	Email

RISK LOCATION	
Risk Location (if different from correspondence address)	
Postal Code	
Type of Dwelling: <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi Detached <input type="checkbox"/> Terrace <input type="checkbox"/> Condominium <input type="checkbox"/> HDB <input type="checkbox"/> Others _____	
Is the Property more than 50 years old? (If Yes, please specify year of construction) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Property fully constructed with concrete/reinforced concrete? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECURITY DETAILS	
1. Is the property fitted with fire/smoke detector(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a security system installed at the risk location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there 24 hour security at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a safe for the storage of valuable items? (If No, please specify how and where the valuables are stored) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

OCCUPANCY & USE	
1. Is the property occupied by you and/or your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you residing in the property as <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Others _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is it likely to be left unoccupied for more than 30 consecutive days in any one calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is it used for any business, trade or professional purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS HISTORY	
1. Have you made any claims on similar insurance in the last 3 years? (If yes, please provide details) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been declined similar coverage by an insurance company in the last 3 years? (If yes, please provide details) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MAIN COVERAGE (Please choose at least one cover)

<input type="checkbox"/> BUILDING		
	Rate	Replacement Value
1. Building (Built-in Area _____ Sq. ft) <i>1 Sqm equals 10.764 Sq.ft</i>	0.055%	\$ _____
2. Fixtures & Fittings (e.g. built-in cabinets, lightings)	0.055%	\$ _____
Total Sum Insured for Building		\$ _____

<input type="checkbox"/> CONTENTS (ALL RISKS cover within insured premises)		
Each item/pair/set shall not exceed \$10,000 unless they are specially itemised under Contents Scheduled Items and are accepted by Chartis Singapore Insurance Pte. Ltd. (Chartis). Scheduled Items must be accompanied by receipts or valuation certificates.		
Non-Scheduled Items	Rate	Replacement Value
1. Household Contents	0.35%	\$ _____
2. Fixtures and Fittings	0.13%	\$ _____
3. Works of Art / Personal Collections	0.35%	\$ _____
4. Personal Valuables (i.e. gold, silver, other precious metal, jewelry, furs, pens & watches)	0.35%	\$ _____
5. Others (Please specify: _____)		\$ _____
Total Sum Insured for Non-Scheduled Items		\$ _____
Scheduled Items		
1.		\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____
5.		\$ _____
Total Sum Insured for Scheduled Items		\$ _____
Note: Please ensure that the sum insured is adequate up to: - full cost of rebuilding for building fixtures and fittings and renovations. - the replacement cost of insured items for contents.		

PLUS COVERAGE (Optional with selection of building / contents cover)

<input type="checkbox"/> PERSONAL EFFECTS			
Worldwide Coverage	Plans Available	Rate	Sum Insured
	<input type="checkbox"/> Individual Plan	1.4%	<input type="checkbox"/> \$2,000
	<input type="checkbox"/> Family Plan	3.5%	<input type="checkbox"/> \$5,000
			<input type="checkbox"/> \$10,000
			<input type="checkbox"/> Other amount \$ _____
Each item/pair/set shall not exceed \$10,000 unless they are specially itemised under Contents Scheduled Items and are accepted by Chartis.			

Chartis Singapore Insurance Pte. Ltd.
CHARTIS Building
78 Shenton Way, #07-16, Singapore 079120
Tel: 6419 3000 (Mon - Fri, 9am - 5pm), Fax: 6415 3723
Co. Reg. No. 201009404M



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<input type="checkbox"/> IDENTITY FRAUD			
Worldwide Coverage	<u>Plans Available</u>	<u>Sum Insured</u>	<u>Premium</u>
	<input type="checkbox"/> Individual Plan	\$10,000	<input type="checkbox"/> \$35
		\$20,000	<input type="checkbox"/> \$75
	<input type="checkbox"/> Family Plan	\$10,000	<input type="checkbox"/> \$60
		\$20,000	<input type="checkbox"/> \$120
<input type="checkbox"/> MULTI-APPLIANCES EXTENDED WARRANTY			
	<u>Options Available</u>	<u>Sum insured</u>	<u>Premium</u>
	<input type="checkbox"/> Kitchen Products	\$2,000	\$140
	<input type="checkbox"/> Home Products	\$2,000	\$285
<input type="checkbox"/> DOMESTIC SERVANTS			
Sum insured \$10,000 (Premium: \$25 per Individual)	<u>Domestic Servant 1</u>	<u>Domestic Servant 2</u>	
	Name _____	Name _____	
	Nationality _____	Nationality _____	
	NRIC/Passport No. _____	NRIC/Passport No. _____	
<input type="checkbox"/> BICYCLE COVERAGE			
One bicycle		<u>Premium</u>	
Sum Insured \$1,000		\$25	
<input type="checkbox"/> TENANT'S LIABILITY			
Sum Insured \$100,000		<u>Premium</u>	
		\$50	

PREMIUM COMPUTATION

Coverage	Description	Sum Insured (SI)	Rate/Premium	Premium
Building	• Building reconstruction • Fixtures & Fittings		0.055% 0.055%	\$ \$
Contents	• Fixtures & Fittings		0.13%	\$
	• Non-Scheduled Items		0.35%	\$
	• Scheduled Items			\$
Personal Effects	• Individual Plan		1.4%	\$
	• Family Plan		3.5%	\$
Identity Fraud	• Individual Plan	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	\$35/\$75	\$
	• Family Plan	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	\$60/\$120	\$
Multi-Appliances	• Kitchen Products	\$2,000	\$140	\$
Extended Warranty	• Home Products	\$2,000	\$285	\$
Domestic Servants		\$10,000	\$25	\$
One Bicycle		\$1,000	\$25	\$
Tenant's Liability		\$100,000	\$50	\$
Personal Liability		\$1,000,000	-	Complimentary
Alternative Accommodation		10% of SI of Building or 20% of SI of Contents or \$20,000 (whichever is lower)	-	Complimentary
Total Gross Premium Payable				\$
GST				\$
Total Premium Payable (Subjected to a minimum premium of \$100 (before GST)				\$

PERIOD OF INSURANCE

Proposed period of insurance to take effect from _____ for 1 year.

PAYMENT MODE

By Credit Card

Visa Mastercard AMEX for \$ _____

Card No.: _____ Expiry Date(MM/YY): _____

Cardholder's Name: _____

By Cheque

Please make cheque payable to **Chartis Singapore Insurance Pte. Ltd.** for \$ _____

Cheque No.: _____ Bank: _____

By Cash

IMPORTANT

- No insurance is in force until premiums are received and the Policy is issued by Chartis Singapore Insurance Pte. Ltd.
- This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from this policy.

DECLARATION & AUTHORISATION

- I/We declare:
- That in respect of any of the risks to be insured:
 - No loss, damage, injury or liability has arisen in the last few years; and
 - There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
 - That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between Chartis Singapore Insurance Pte. Ltd. (Chartis) and myself/ourselves if the application is being approved.
 - And I agree on behalf of myself/ourselves and any person(s), firm or corporation that any information collected or held by Chartis (whether contained in this Application or otherwise obtained) may be used and disclosed by Chartis to associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which Chartis believes may be of interest to me/us, and to communicate with me/us for any purposes.
 - Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
 - That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
 - That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.

Signature of Proposer _____ Date _____

Producer's Name:	
Producer's Code:	
Producer's Contact No.:	