

*Metro Risks Solution
Application Form*



SHOPPING MALL

OFFICE BUILDING 



HOTEL

To: _____

Facsimile Number: (65) 6415 3724

Total Number of Pages: _____

From: _____

Date: _____

Metro Risks Solution Application Form

Important Notes

1. Statement pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
2. No insurance is in force until this application is accepted by us in accordance with policy terms, conditions and exclusions.
3. If your proposal is accepted, it is a condition precedent to our liability under the policy that the premium must be paid to and received by us within 60 days from the inception of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.
4. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit the Chartis, GIA or SDIC websites (www.chartisinsurance.com.sg or www.gia.org.sg or www.sdic.org.sg).

Please answer all the questions and tick the appropriate boxes. If there is insufficient space on the form, please write and provide answers to the referred questions on a separate page.

Business Details

Company Name		Company Registration Number	
Postal Address			
Contact Name		Mobile Number	
Email Address	Office Number	Facsimile Number	
Address of Insured Premises			
Description of Business			
Please state the number of years your business has been established.		Please state the number of employees in your company.	
Please state the period of insurance you require.			

General Questions

Has your company suffered any loss, made any claims or been involved in any circumstances which have or could have resulted in a claim in respect of the risks proposed within the last 5 years? Yes No

If "Yes", please provide details in the Claims History Declaration Form.

Declaration

1. I/We have not withheld any material fact.
2. I/We declare that my/our previous proposal or renewal has never been cancelled or declined by any insurer.
3. I/We agree that this application and declaration and any information given separately shall be the basis of the contract between **Chartis Singapore Insurance Pte. Ltd.** and myself/ourselves.
4. I/We agree to accept **Chartis'** standard form of policy for this type of insurance.
5. I/We understand that **Chartis** reserves the right to decline any proposal.
6. I/We agree that any information collected or held by **Chartis Singapore Insurance Pte. Ltd. ("Chartis")** (whether contained in the Application or otherwise obtained) may be used and disclosed by Chartis to its 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.

Name of Signatory	Authorised Signatory and Company Stamp
Position of Signatory	
Date	

Producer's Particulars

Name	Producer Code
Email Address	Contact Number
	Facsimile Number

Claims History Declaration Form

Please provide details of your claims experience within the last 5 years.

Important: You must provide details of all claims, even if they were declined by your previous insurer.

If there is insufficient space on the form, please write and provide details on a separate page.

Table A – Please provide details of your claims experience for ALL TYPES OF COVERS EXCEPT MANAGEMENT LIABILITY/DIRECTORS AND OFFICERS LIABILITY AND PROFESSIONAL INDEMNITY FOR PROPERTY MANAGERS.

Item	Date of Loss	Type of Cover	Details of Loss	Amount Paid	Amount Reserve	Total

Table B – Please provide details of your claims experience for MANAGEMENT LIABILITY/DIRECTORS AND OFFICERS LIABILITY AND PROFESSIONAL INDEMNITY FOR PROPERTY MANAGERS.

Item	Date of Notification	Name of Insurer (if any)	Name of Claimant/Potential Claimant	Details of Circumstance/Claim	Amount Paid/Estimate of Potential Liability	Status

Where applicable, if you wish to insure more than one location, please provide details of the location with the highest sum insured below. For the remaining locations, please provide similar details on a separate page.

Property All Risks (Compulsory Cover)

1. Please indicate the property you wish to insure.

A. Building (excluding foundations)	S\$
B. Renovation, Furniture, Fixtures and Fittings	S\$
C. Office Equipment and Business Contents	S\$
D. Plant and Machinery	S\$
E. Stock and Material in Trade	S\$
F. Others (please specify):	S\$

2. What is your insured premises occupied as?

Office Hotel Shopping Mall

3. Please indicate the details of the building you occupy.

Age of Building: _____ No. of Storeys: _____

4. What is the construction of your insured premises?

Walls Bricks/Concrete Corrugated Iron/Metal Sheets Timber Open-Sided
 Others (please specify): _____

Roof Concrete Tiles Corrugated Iron/Metal Sheets Timber
 Others (please specify): _____

5. What are the fire preventive measures available at your insured premises?

Fire Extinguisher Fire Alarm Hose Reel Wet Riser Yard Hydrant
 Public Hydrant Smoke Detector Heat Detector Fully Sprinklered Partially Sprinklered
 Fire Station within 5km from insured premises None of the above

6. What are the security measures available at your insured premises?

Burglary Alarm Closed Circuit Television (CCTV) Central Monitoring System (CMS) 24-hour Security Guard
 Motion Sensors Armed Guard Services None of the above

7. Do you share your insured premises with other occupants?

Yes No

If "Yes", please provide a description of your co-occupants' business.

8. Are there any hazardous/combustible/flammable goods stored at your insured premises?

Yes No

If "Yes", please provide the sum insured and a description of such goods, including where and how these goods are stored.

9. Is there any spray painting done in the premises or within 25 feet of the premises?

Yes No

If "Yes", please provide details.

10. Is there any hot work or welding being carried out on your premises?

Yes No

If "Yes", please provide details.

11. Does any financial institution have an interest in your property insured?

Yes No

If "Yes", please provide details.

Consequential Loss

1. Please indicate the items you wish to insure.

A. <input type="checkbox"/> Gross Profit <input type="checkbox"/> Gross Revenue	S\$
B. Professional Accountant's Charges	S\$
C. Additional Increase in Cost of Working	S\$
D. Others (please specify):	S\$

2. Please indicate the indemnity period for which you wish to insure.

3 months 6 months 9 months 12 months
 18 months 24 months 36 months

Electronic Equipment

1 Please indicate the items you wish to insure.

A. Material Damage

Please provide a description of items you wish to insure.

(Please include make and model, year of manufacture, serial number etc in your description.)

(i)	S\$
(ii)	S\$

B. External Data Media

Please provide a description of items you wish to insure.

(i)	S\$
(ii)	S\$

C. Increased Cost of Working

S\$

Please indicate the indemnity period for which you wish to insure.

- 3 months 6 months 9 months 12 months
 18 months 24 months 36 months

2. Please indicate the age of the property insured.

- up to 15 years more than 15 years

3. Is there a maintenance program in place for your property insured?

Yes No

4. Does any financial institution have an interest in your property insured?

Yes No

If "Yes", please provide details.

Machinery Breakdown And Loss Of Profits Following Machinery Breakdown

1. Please indicate the total value of the items you wish to insure.

A. Machinery Breakdown

Please provide a description of items you wish to insure.

(Please include name of manufacturer, make and model, year of manufacture, serial number, output/capacity etc in your description.)

(i)	S\$
(ii)	S\$

B. Loss of Profits following Machinery Breakdown

S\$

Please indicate the indemnity period for which you wish to insure.

- 3 months 6 months 9 months 12 months
 18 months 24 months 36 months

2. Please indicate the basis of the sum to be insured.

First Loss Full Value

3. If the basis of the sum insured is on First Loss, please indicate the limit you wish to insure.

S\$

4. Please indicate the age of the property insured.

- up to 15 years more than 15 years

5. Is there a maintenance program in place for your property insured?

Yes No

6. Does any financial institution have an interest in your property insured?

Yes No

If "Yes", please provide details.

Deterioration of Stocks

1. Please indicate the total value of your stocks that need to be refrigerated.

S\$

2. Please state the type of frozen and chilled items to be insured.

3. Please indicate the basis of the sum to be insured.

First Loss Full Value

Work Injury Compensation

1. Please state details of employees you wish to insure.

Description of Employees	Number of Employees	Estimated Annual Wages
A.		S\$
B.		S\$
C.		S\$

2. Do any of your employees undertake

A. manual work in connection with installation, erection, repair, maintenance, testing, demolition or construction outside your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. work in connection with excavation, manholes and tunnels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. work at a height more than 30 feet above floor or ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. work in connection with scaffolding, gondolas and/or other related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. work onboard vessels, on oil rigs, in oil refineries and shipyards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. work in connection with diving and/or related underwater activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. work using heavy industry machines that involve cutting, pressing, grinding, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. work involving lifts, elevators, escalators, cranes, hoists and machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the questions above, please provide details.	

3. Does your business operation include

A. processing, handling or storage of gases, explosives, acids, irritants or other materials that are toxic, explosive, flammable or corrosive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. any noxious or polluting substances, liquids, gases, fumes or wastes discharging from your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fidelity Guarantee

1. Please indicate the limit of liability you wish to insure.

S\$ Any One Occurrence and In The Aggregate

2. Do you wish to cover all your employees?

Yes No

If "Yes", please state the total number of employees.

If "No", please state details of employees you wish to insure.

Description of Employees	Number of Employees
A.	
B.	

3. Please state the maximum limit permitted per cheque before it is required to be countersigned.

S\$

4. How often is an audit of your cash, accounts, inventory and stock carried out?

Quarterly Half-Yearly Yearly Others (please specify):

Management Liability/Directors and Officers Liability

1. Please indicate the limit of liability you wish to insure.

- | | |
|---|---|
| <input type="checkbox"/> S\$250,000 Any One Claim and In Annual Aggregate | <input type="checkbox"/> S\$500,000 Any One Claim and In Annual Aggregate |
| <input type="checkbox"/> S\$1,000,000 Any One Claim and In Annual Aggregate | <input type="checkbox"/> S\$2,000,000 Any One Claim and In Annual Aggregate |
| <input type="checkbox"/> S\$3,000,000 Any One Claim and In Annual Aggregate | <input type="checkbox"/> S\$4,000,000 Any One Claim and In Annual Aggregate |
| <input type="checkbox"/> S\$5,000,000 Any One Claim and In Annual Aggregate | |

2. What is the total gross value of assets of your company (including all subsidiaries)?

S\$

3. Is your company (including all subsidiaries)

- A. registered in North America? Yes No
- B. publicly listed on any stock exchange? Yes No

4. Does

- A. your company (including all subsidiaries) have any assets, domiciled operations (other than a pure representative office) or securities offerings in North America? Yes No
- B. the latest financial statements of your company (including all subsidiaries) show (i) a retained profit; (ii) total assets exceeding total liabilities and/or (iii) do not have a qualified audit opinion? Yes No
- C. your company (including all subsidiaries) currently purchase Directors and Officers or Management Liability Insurance? Yes No
If "Yes", please attach current policy schedule.

Professional Indemnity for Property Managers

1. Please indicate the limit of liability you wish to insure.

- | | |
|---|---|
| <input type="checkbox"/> S\$500,000 Any One Claim and In Annual Aggregate | <input type="checkbox"/> S\$1,000,000 Any One Claim and In Annual Aggregate |
| <input type="checkbox"/> S\$1,500,000 Any One Claim and In Annual Aggregate | <input type="checkbox"/> S\$2,000,000 Any One Claim and In Annual Aggregate |

2. What is the projected annual fee income for the current year?

S\$

3. Is the Insured based in Singapore and has been established for more than 2 years?

Yes No

4. Does the Insured have assets, domiciled operations or derive revenue from USA, Canada, Australia or New Zealand?

Yes No

5. Is the Insured and any partner, director or principal after inquiry,

- A. aware of any claims ever been made? Yes No
- B. aware of any circumstances or occurrences that may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals? Yes No

6. Does the Insured have revenue devired from any of the following works/activities:

- Structural design, engineering or specification services that is not under the control or supervision of a professionally qualified structural engineer, architect or surveyor? Yes No

7. Does the Insured have clear guidelines, policy and procedures in place for reporting to the property owners, complaints, alleged building code violations, legal proceedings, threats and claims against the owners?

Yes No

Hotel Guest Assist Protection (applicable to hotel only)

1. Please indicate the type of plan you wish to insure.

Plan A Plan B

2. Please indicate the following:

- A. Number of rooms _____ rooms
- B. Average occupancy rate per year _____ %

3. Please indicate the following:

- A. Average number of guest per room _____
- B. Average duration of hotel stay _____ days

Shoppers' Protection (applicable to shopping mall only)

1. Please indicate the estimated daily number of shoppers on premise at any point in time.

■ Group Personal Accident for Employees

(To be eligible for this cover, all employees are to be insured.)

Sum Insured: S\$75,000 per life (Accidental Death and Permanent Disablement)

Aggregate Limit: S\$7,500,000 per occurrence

1. Please indicate the total number of employees.

Please provide the list of employees insured upon placement. The list should include name, designation, NRIC/passport number and date of birth.

2. Does any of insured employees undertake hazardous or offshore duties?

Yes No

3. Are any of the insured employees based outside Singapore?

Yes No

If "Yes", please advise the countries the insured employees are based in.

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