

Enhanced! My Business My Choice.
Office



Insure your Business. Protect your Bottomline.

Keeping your business on target means carefully planning your sales and expenditures. Unfortunately, there may be unexpected costs that don't fall within your projections. No matter how well you plan, the unthinkable may happen - such as a fire, burglary or even an outbreak of SARS. Without adequate protection, the effect on your business could be crippling. My Business My Choice, a tailor-made and unique business insurance package, provides you with affordable yet comprehensive insurance protection. With the flexibility of a standard plan plus optional covers, you can customise your policy to meet your individual business needs.

Flexible Coverage

From coverage for your physical property against all manner of risk to financial support in a health emergency, take a look at the **Standard** and **Free Covers** we provide. What's more, you may increase the limit/sum insured under the Free Covers at a nominal additional premium if you require higher coverage. A wide range of **Optional Covers** is available as well to meet your more complex insurance needs.

Standard Cover

Property All Risks

Covers you against physical loss or damage to your property which includes landlord's fixtures and fittings, furniture, fixtures and fittings, equipment, plant and machinery, office and business contents.

Basis of Settlement: New for Old

Excess: S\$250 for each and every loss (except fire and lightning)

Optional Covers

Work Injury Compensation

Protects you for any liability under Work Injury Compensation Act (WICA) 2008 (Cap 354) or at common law to compensate your employees for death or bodily injury due to an accident in the course of employment.

Public Liability

Protects you against legal liability to third parties for accidental bodily injury or accidental property damage.

Personal Accident

Provides 24-hours' worldwide coverage for you and your employees against:

Benefits and Plans	Plan 1	Plan 2	Plan 3
Accidental Death and Permanent Disablement	S\$50,000	S\$100,000	S\$150,000
Accident Medical Reimbursement	S\$500	S\$1,000	S\$1,500
Weekly Indemnity for Temporary Total Disablement (per week)	S\$50	S\$100	S\$150
Weekly Indemnity for Temporary Partial Disablement (per week)	S\$25	S\$50	S\$75

Machinery Breakdown

Provides cover for electrical, heating and cooling equipment (age of machine not exceeding 5 years) excluding mobile equipment in the event of mechanical or electrical malfunction.

Excess: S\$100 for each and every loss

Fidelity Guarantee

Insures you against loss of money and/or property due to fraud or dishonesty of your employees.

Excess: S\$250 for each and every loss

Free Cover!

Health Emergency Loss Protection

Provides you with essential financial support of S\$170 per day (a max. of 15 days) in the event you are denied access into your premises due to an outbreak of any human contagious disease (eg, SARS and Hand, Foot, Mouth Disease)

Free Covers and Additional Benefits at a Glance

Cover	Sum Insured / Limit
<p>STANDARD COVER Property All Risks</p> <p>Free Covers</p> <p>(A) Loss of Profits and/or Additional Expenses</p> <ol style="list-style-type: none"> Loss of profits and/or additional expenses (a max. of 100 days) Closure of business by order of public authority due to: <ul style="list-style-type: none"> Defective Sanitary Arrangement (Time Excess: 24 hours) Denial of Access Murder and Suicide Failure of supply of electricity, gas, water and telecommunication services due to property damage of supply authorities (Time Excess: 24 hours) <p>(B) Money and Securities</p> <ol style="list-style-type: none"> Loss of Money and Securities whilst: <ul style="list-style-type: none"> Inside Insured Premises during business hours Inside Insured Premises after business hours (subject to a sub-limit of S\$2,000 in all locked cabinets/drawers/cash registers) Outside Insured Premises anywhere in Singapore Loss of Money kept overnight at private residence of sole proprietor/partners/directors/employees Loss or damage to safes/strongrooms/cabinets/drawers/cash registers <p>(C) Fixed Glass and/or Signs</p> <ol style="list-style-type: none"> Breakage of fixed glass and/or signs (including neon signs) <p>Free Additional Benefits</p> <ol style="list-style-type: none"> Awnings, Blinds, Signs or Other Outdoor Fixtures or fittings of Any Description Curiosities and Works of Art Documents in Transit Loss or damage to clothing and/or personal effects of sole proprietor/partners/directors/employees Rental Expenses for existing rent, alternative accommodation and cost of temporary storage of Insured Property Robbery/Burglary and Theft of Insured Property up to Total Sum Insured, subject to the following sub-limits: <ul style="list-style-type: none"> Theft of Insured Property 	<p>Up to S\$250 per day</p> <p>Up to S\$10,000</p> <p>Up to S\$10,000</p> <p>Up to S\$10,000</p> <p>Up to S\$500</p> <p>Up to S\$500</p> <p>Up to S\$5,000</p> <p>Up to S\$5,000</p> <p>Up to S\$3,000</p> <p>Up to S\$500 any one item & S\$2,500 in aggregate</p> <p>Up to S\$500 per person & S\$2,500 in aggregate</p> <p>Up to S\$35,000</p> <p>Up to S\$250,000</p>
<p>OPTIONAL COVERS Work Injury Compensation (Subject to Common Law Limit of S\$10 million per occurrence)</p> <p>Free Additional Benefits</p> <ol style="list-style-type: none"> Non-Manual Overseas Business Trips Travelling To and From Residence/Work 	<p>Up to S\$20,000 per employee & S\$250,000 in the aggregate</p>

Cover	Sum Insured / Limit
<p>Public Liability</p> <p>Free Additional Benefits</p> <ol style="list-style-type: none"> Defective Sanitary Arrangement First Aid Facilities Food Poisoning Loading and Unloading Medical Payments Neon Sign Board Non-Manual Overseas Business Trips Tenant's Liability 	<p>Up to S\$250,000 per occurrence & in the aggregate</p> <p>Up to S\$250 per accident</p> <p>Up to S\$250,000 per occurrence</p>
<p>Personal Accident</p> <p>Free Additional Benefits</p> <ol style="list-style-type: none"> Hijack, Murder and Assault Strike, Riot, Civil Commotion and Terrorism 	

Office is specially designed for businesses primarily involved in administrative work such as accounting/law firms, trading offices (without storage) and travel ticketing agencies.

Excluded Activities/Risks/Trades:

- | | |
|-------------------------------------|------------------------------------|
| 1. Container Offices | 7. Motor Trade Companies |
| 2. Contractors | 8. Office cum Store |
| 3. Courier Service/Delivery | 9. Security Services |
| 4. Detective/Investigation Agencies | 10. Surveyors/Loss Adjusting Firms |
| 5. Event/Exhibitions Organisers | 11. Works on Board Vessel/Offsites |
| 6. Financial Institutions | |

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).

OFFICE Application Form

Important Notes

- Statement Pursuant to the Insurance Act (Cap. 142) or any amendments thereof: You are to disclose in the proposal, 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.
- No insurance is in force until this application is accepted by the Company in accordance to policy terms, conditions and exclusions.
- The specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.
- 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 deem to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.

1 Proposer Information

Business Name:

Business Registration No.:

Correspondence Address:

Blk/Building No. Level No. Unit No.
 # -

Street Name

Building Name

Country

Postal Code

Location of Insured Property:

Blk/Building No. Level No. Unit No.
 # -

Street Name

Building Name

Country

Postal Code

Office Telephone No.:

Office Facsimile No.:

Customer Contact Details:

Name Designation

Mobile No. DID No.

Email

Period of Insurance:

From dd/ mm/ yy to dd/ mm/ yy

Nature of Business:

2 Please tick the appropriate box(es) to indicate nature of your business.

- Accounting/Law Firm Representative / Trading Office
- Employment/Maid Agency Travel Ticketing Agency
- Others (Pls specify: _____)

3 Select plan and calculate premium.

YES! I/We would like to take up this cover.

STANDARD COVER	Sum Insured/ Limit of Liability	Rates	Premium
<input checked="" type="checkbox"/> Property All Risks	S\$ _____ (Max. Limit: S\$5,000,000)	0.10%	Min. Premium S\$150
Premium for STANDARD COVER (A)			S\$

ADDITIONAL TOP-UP	Sum Insured/ Limit of Liability	Top-Up Rates	Premium
<input type="checkbox"/> Loss of Profits &/or Additional Expenses (Free Limit: S\$250 per day up to 100 days)	S\$ _____ (Max. Limit: S\$500 per day up to 100 days)	S\$15 per S\$50	
<input type="checkbox"/> Money & Securities	Inside Insured Premises during business hours: S\$ _____ (Max. Limit: S\$10,000)	0.30%	
	Inside Insured Premises after business hours: S\$ _____ (Max. Limit: S\$10,000)	0.30%	
	Outside Insured Premises: S\$ _____ (Max. Limit: S\$10,000)	0.30%	
<input type="checkbox"/> Fixed Glass &/or Signs (Free Limit: S\$5,000)	S\$ _____ (Max. Limit: S\$15,000)	0.50%	
Premium for FREE COVERS TOP-UP (B)			S\$

OPTIONAL COVERS	Sum Insured/ Limit of Liability	Rates	Premium
<input type="checkbox"/> Work Injury Compensation	No. of Staff: Indoor: _____ Outdoor: _____ (Max. Limit: 50 employees)	(Per Staff) S\$12 S\$25	
<input type="checkbox"/> Public Liability	<input type="checkbox"/> S\$250,000 <input type="checkbox"/> S\$500,000 <input type="checkbox"/> S\$1,000,000 <input type="checkbox"/> S\$2,000,000 <input type="checkbox"/> S\$3,000,000 <input type="checkbox"/> S\$5,000,000 (Any One Accident & Unlimited Any One Period)	S\$50 S\$75 S\$100 S\$150 S\$225 S\$325	
<input type="checkbox"/> Personal Accident	No. of Insured Persons: <input type="checkbox"/> Plan 1: _____ <input type="checkbox"/> Plan 2: _____ <input type="checkbox"/> Plan 3: _____	(Per Staff) S\$38 S\$75 S\$113	
<input type="checkbox"/> Machinery Breakdown	<input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000	S\$50 S\$100 S\$150	
<input type="checkbox"/> Fidelity Guarantee	<input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 (Per Occurrence & in the Aggregate)	S\$60 S\$100	
Premium for OPTIONAL COVERS (C)			S\$
Premium for A + B + C			S\$
Prevailing GST			S\$
TOTAL PREMIUM PAYABLE			S\$

Note: Annual premium is on a per location basis unless units are adjoining.

4 Additional Information (For Personal Accident)

(Please fill in the details of the Insured Persons if you have selected this optional cover.)

Details of Insured Persons to be covered

Name	NRIC	Year of Birth	Plan

Age Limit - 65 years old
(If space is insufficient, please attach a separate sheet.)

5 The following must be answered by the Proposer. (Please tick in the appropriate box.)

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

- Fire Extinguisher Fire Alarm System
 Hosereel Sprinkler System

If none of the above, please refer to the Company.

2. What are the security preventive measures available at your premises?

- 24-hr Security Guard CCTV
 Burglary Alarm System Solid Door/Glass Door
 Gates/Grilles/Roller Shutter

If none of the above, please refer to the Company.

3. What is the type of property for the location of insured property?

- Office Building/
Commercial Building Industrial Building
 Shopping Mall Pre-war Building
(Refurbished)
 HDB Shop Pre-war Building
(Non-Refurbished)
 Shop House

4. Is your insured premises shared with other companies?

- Yes No

If YES, please furnish details of your co-tenant's business.

5. Did you suffer any losses in the past 5 years?

- Yes No

If YES, please furnish full details of all claims for the past 5 years.

Date of Loss	Nature of Loss	Amount Claimed (\$\$)
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(If space is insufficient, please attach a separate sheet.)

6 Payment Mode

By Cheque payable to Chartis Singapore Insurance Pte. Ltd.

Cheque No.:

Bank:

Amount:

By Credit/Charge Card

I/We hereby authorise Chartis Singapore Insurance Pte. Ltd. to charge the stated annual premium to the following credit card/bank account. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

Full Premium Payment (Any MasterCard/Visa Card)

6 Monthly 0% Interest Instalments*^ (Only with DBS/POSB credit card[†])

12 Monthly 0% Interest Instalments*^ (Only with DBS/POSB credit card[†])

Card No.: ---

Expiry Date: mm / yy

Name as appear on card: _____

[†] Subject to DBS Card Agreement terms and conditions; not applicable for DBS Corporate Card.

*Actual Instalment amounts may differ due to rounding off.

^Minimum Total Premium Payable must be S\$300 and above.

7 Declaration

(1) I/We declare the above particulars to be true and correct, and agree that they shall be the basis of the contract between Chartis Singapore Insurance Pte. Ltd. and me/us.

(2) I/We understand that Personal Accident Section is a Personal Accident Policy and benefits shall be payable upon the occurrence of an accident, subject to applicable terms, conditions and exclusions.

(3) I/We declare that the insured premise is constructed of brick/ tile/concrete.

(4) I/We declare that my/our previous proposal or renewal has never been declined.

(5) 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.

Proposer's Signature &
Company Stamp

Date

Agent's Particulars

Name:

Producer Code:

Mobile No.:

For Official Use Only

Policy No.:

Blk Card No.:

Signature:

My Business My Choice.

Chartis is one of the world's leading property-casualty and general insurance organizations. Serving more than 45 million commercial and personal clients in more than 160 countries and jurisdictions, Chartis has a 90-year history, one of the industry's most extensive ranges of products and services, and excellent financial strength.

Chartis is the marketing name for the worldwide property-casualty and general insurance operations of Chartis Inc. For additional information, please visit our website at <http://www.Chartisinsurance.com>. All products are written by insurance company subsidiaries or affiliates of Chartis Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. Non-insurance products and services may be provided by independent third parties.



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This insurance is underwritten by Chartis Singapore Insurance Pte. Ltd. Coverage may not be available in all jurisdictions and is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain coverage may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds.