



**Smart Risks Solution**  
**Application Form**

# Smart 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](http://www.chartisinsurance.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://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 PROFESSIONALGUARD FOR TEACHING ORGANISATIONS (PGTO).

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 PROFESSIONALGUARD FOR TEACHING ORGANISATIONS (PGTO).

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. Please indicate the details of the building you occupy.

Age of Building: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_

### 3. 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): \_\_\_\_\_

### 4. 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

### 5. 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

### 6. Do you share your insured premises with other occupants?

Yes  No

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

### 7. 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.

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

Yes  No

If "Yes", please provide details.

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

Yes  No

If "Yes", please provide details.

### 10. 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.

## ■ Plate Glass

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

A. Plate Glass including lettering, painting, embossing, silvering and ornamental work S\$

B. Curtain Walls S\$

### 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\$

## Money

### 1. Please indicate the items you wish to insure.

A. Money in Transit anywhere in Singapore	S\$
Please advise your estimated annual carryings.	S\$
B. Money in Premises (Subject to a sub-limit of S\$5,000 in all locked cabinets/drawers/cash registers after business hours)	S\$

### 2. What are the security measures available for Money in Transit?

<input type="checkbox"/> Armed Guard Services	<input type="checkbox"/> Every transit is accompanied by at least 2 employees	<input type="checkbox"/> None of the above
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## Property Terrorism

This Section also includes Consequential Loss if Property Consequential Loss Section is selected.

1. Please indicate the limit of liability you wish to insure.	S\$
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### 2. Please indicate the ownership of insured.

<input type="checkbox"/> USA	<input type="checkbox"/> UK	<input type="checkbox"/> Australia	<input type="checkbox"/> Others
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### 3. Please indicate the nationality of ownership, including the joint venture partner(s).

<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Government - Linked Corporation	<input type="checkbox"/> Political Institution	<input type="checkbox"/> Others
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### 4. Is the insured location within 250m of any of the following buildings/landmarks?

<input type="checkbox"/> Government Buildings/Embassies	<input type="checkbox"/> 4 or 5 Star Hotels	<input type="checkbox"/> Tourist Attractions	<input type="checkbox"/> Financial/Commercial Centre
<input type="checkbox"/> Industrial Park	<input type="checkbox"/> Rural	<input type="checkbox"/> None of the above	

## Public Liability

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

S\$	Any One Occurrence and Unlimited for Any One Period
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### 2. Please indicate the territorial limits you wish to insure.

<input type="checkbox"/> At your insured premises and anywhere in Singapore in connection with your business (including Worldwide Extension for Employees on Travel excluding USA, Canada and US State Department Sanctioned Countries.)
<input type="checkbox"/> Worldwide (excluding USA, Canada and US State Department Sanctioned Countries.)

### 3. Are there any parking facilities within the insured premises?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, without parking mechanism	<input type="checkbox"/> Yes, with parking mechanism
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### 4. Does your premises have any of the following facilities?

<input type="checkbox"/> Gym	<input type="checkbox"/> Retail Shops	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> None of the above
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## 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. work at a height more than 30 feet above floor or ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. work in connection with waterborne activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Fidelity Guarantee

<b>1. Please indicate the limit of liability you wish to insure.</b>	
S\$	Any One Occurrence and In The Aggregate
<b>2. Do you wish to cover all your employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>3. Please state the maximum limit permitted per cheque before it is required to be countersigned.</b>	
	S\$
<b>4. How often is an audit of your cash, accounts, inventory and stock carried out?</b>	
<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Others (please specify):	

## ProfessionalGuard for Teaching Organisations (PGTO)

<b>1. Please indicate the limit of liability you wish to insure.</b>	
<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	
<b>2. What is the projected annual fee income for the current year including grants?</b>	S\$
<b>3. Is the Insured based in Singapore and has been established for more than 2 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Does the Insured have assets, domiciled operations or derived revenue from USA, Canada, Australia or New Zealand?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Is the Insured and any partner, director or principal after inquiry,</b>	
(a) aware of any claims ever been made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Does the Insured have revenue derived from any of the following work/activities?</b>	
(a) Research services	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) University or higher education services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Does the Insured have clear guidelines, policy and procedures in place to handle issues such as discrimination and physical, psychological or sexual abuse?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Group Personal Accident for School Employees and Academic Staff

(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

<b>1. Please indicate the total number of employees.</b>	
Please provide the list of employees insured upon placement. The list should include name, designation, NRIC/passport number and date of birth.	
<b>2. Does any of insured employees undertake hazardous or offshore duties?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Are any of the insured employees based outside Singapore?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please advise the countries the insured employees are based in.	

## Group Personal Accident for Students

(To be eligible for this cover, all students are to be insured.)  
 Sum Insured: S\$15,000 per life (Accidental Death and Permanent Disablement)  
 Aggregate Limit: S\$750,000 per occurrence

<b>1. Please indicate the total number of students.</b>	
Please provide the list of students insured upon placement. The list should include name, NRIC/passport number and date of birth.	

## Group Business Travel

(To be eligible for this cover, at least 5 persons are to be insured.)

Please refer the brochure for more information on this cover.

### 1. Please provide details of employees you wish to insure.

Name of Employee		
Designation	NRIC/Passport Number	Date of Birth
Coverage	<input type="checkbox"/> Basic	<input type="checkbox"/> Comprehensive
Type of Plan	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Area	<input type="checkbox"/> Regional	<input type="checkbox"/> International
Is the insured employee based outside Singapore?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please advise the country the insured employee is based in.		
Name of Employee		
Designation	NRIC/Passport Number	Date of Birth
Coverage	<input type="checkbox"/> Basic	<input type="checkbox"/> Comprehensive
Type of Plan	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Area:	<input type="checkbox"/> Regional	<input type="checkbox"/> International
Is the insured employee based outside Singapore?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please advise the country the insured employee is based in.		