



Liberty Pte Limited
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 UEN | GST Reg. No. 201538069C
 libertyinternational.com/sg

Proposal Form – Fire & Extraneous Perils/All Risks

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer: _____	Business Registration No.: _____
Mailing Address: _____	Postal Code ()
Email: _____	Contact No.: _____
Period of Insurance: From _____ to _____	No. of Years in Business _____
Mortgagee (if any): _____	Nature of Business (Please provide full description): _____

Details of Risk Premises

Address: _____	Postal Code ()
Use of Premises: _____	Please specify if you selected "Others" under Use of Premises: _____
Construction of Premises:	
a) Walls _____	Others: _____
b) Roof _____	Others: _____
c) Building Frame _____	Others: _____



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Fire Fighting Appliances

1. Fire Alarm If Yes, where is the fire alarm connected to? _____	
2. Fire Extinguisher No. _____	
3. Heat Detector	
4. Hose Reels	
5. In-House Fire Brigade If yes, are they trained and no. of person in the team? _____	
6. Smoke Detector	
7. Sprinkler	
8. Yard Hydrants No. _____	
9. Protection other than the above: _____	

Security System of Premises

1. 24-hours Watchman Services	
2. Burglar Alarm System If yes, please state: Name of Brand: _____ Is it connected to a central monitoring station? No Yes	
3. Grilled Doors	
4. Security Checkpoint	
5. Surveillance Camera	
6. Others, please specify: _____	



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Property to be Insured

Interests	Sum Insured
Building (excluding Foundations)	S\$
Renovation to Premises	S\$
Furniture, Fixtures and Fittings	S\$
Office and Business Equipment	S\$
Stocks and Materials consisting of: _____	S\$
Plant and Machinery	S\$
Loss of Rent _____ months	S\$
Others, please specify: _____	S\$
Total Sum Insured	S\$

Cover Required

Claims Experience

Please provide full details of all losses for the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed
		S\$



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Other Information

1. Are there any hazardous goods stored in the premises? If Yes, please state the type of hazardous goods: _____	
2. Is the Premises shared with others? If Yes, please state its nature of business: _____	
3. Does the building adjoin any other premises? If Yes, please state its nature of business: _____	
4. Is there any insurance on the same property in force for the same period of insurance being proposed? If Yes, please state: Name of Insurer: _____ Sum Insured: _____ S\$ _____	
5. Has any Insurance Company ever refused your Fire/All Risks Insurance Proposal or refused to renew your Fire/All Risks Policy?	
6. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?	

Details of Expiring Insurance

Name of Insurer: _____	Sum Insured: S\$ _____	
Annual Premium: S\$ _____	Date of Expiry: _____	Excess: _____
Special Terms and Conditions: _____		

Additional Information

Please attach sketch plan and photographs if available

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.



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PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

DECLARATION

I, the Proposer, declare and warrant that:

- a) All information provided by me in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Pte Limited indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

Date

Signatory of Proposer & Company Stamp

