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Proposal Form

Burglary Insurance

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 this 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.:** _____
No. of Years in Business: _____	**Period of Insurance:** From _____ To _____
Nature of Business: (Please provide full description) _____	

Details of Risk Premises

Address: _____ Postal Code ( )

Use of Premises:

☐ Dwelling ☐ Manufacturing ☐ Shop ☐ Others (please specify): _____

☐ Engineering ☐ Office ☐ Warehouse

Construction of Premises:

a) Walls ☐ Asbestos ☐ Concrete ☐ Others (please specify): _____

☐ Brick ☐ Open-Sided

b) Roof ☐ Asbestos ☐ Tiles ☐ Others (please specify): _____

☐ Concrete ☐ Zinc

c) Building Frame ☐ Concrete ☐ Wooden ☐ Others (please specify): _____

☐ Metal

Name of Proposer:	_____

Security Systems of Premises

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

Property to be Insured

Interests	☐ First Loss	☐ Full Value

		Sum Insured
Furniture, Fixtures & Fittings		S$
Office & Business Equipments		S$
Stocks & Materials consisting of:	_____	S$
Plant & Machinery		S$
Others, please specify:	_____	S$

Claims Experience

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

Date of Loss	Nature of Loss	Amount Claimed
		S$
		S$
		S$
		S$
		S$

Name of Proposer: _____

Other Information

a) Are there any high value/attractive goods (e.g. bird nest, ginseng, sharks fin, abalone etc) stored in the Premises? If Yes, please state the types of high value/attractive goods: _____	☐ Yes	☐ No
b) Is the Premises shared with others? If Yes, please state Nature of Business: _____	☐ Yes	☐ No
c) Does the building adjoin any other Premises? If Yes, please state Nature of Business: _____	☐ Yes	☐ No
d) Is there any insurance in force on the same property for the same Period of Insurance being proposed? If Yes, please state: Name of Insurer: _____ Sum Insured: S$ _____	☐ Yes	☐ No
e) Has any Insurance Company ever refused your Burglary Insurance Proposal or refused to renew your Burglary Policy?	☐ Yes	☐ No
f) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	☐ Yes	☐ No

Details of Expiring Insurance

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

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 canceled 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 canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

Name of Proposer: _____

PERSONAL DATA PROTECTION

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.

DECLARATION

I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ Date

_____ Signature of Proposer & Company Stamp