eTiQa Insurance

Etiqa Insurance Pte. Ltd. (Company Registration Number 201331905K)
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Business Owners Super Suite – Office Application Form

Important Notice
1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this Application Form, fully and faithfully, all the facts, which you know or ought to know, otherwise the Policy issued hereunder may be void.
2. The liability of the Company does not commence until this Proposal is accepted in accordance to the Policy terms, conditions and exclusions.
3. If your proposal is accepted, it is a condition precedent to the liability of the Company under the Policy that the premium must be paid and received in full by the Company within sixty (60) days from the inception date 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 the Company is on risk.

Eligibility for Business Owners Super Suite – Office

1. Businesses with annual turnover up to S$100,000,000 or employment size not more than 200 employees
2. Nature of business is Office
3. Establishments that conduct their business in and from offices

Ineligible Occupancies

1. General
   The following classes are not eligible for the Business Owners Super Suite plans:
   a. Automobile repair or service stations; automobile, motor home, mobile home and motorcycle dealers; parking lots or garages (unless incidental to another otherwise eligible class)
   b. Logistics, transportation and freight forwarders
   c. Batteries and tyres, paint and varnish, scrap metal and junk goods
   d. Jewellery, precious metals, works of art, livestock
   e. Money changing and money lending services
   f. Joss sticks, joss papers and candles, charcoal, fireworks and other explosive goods
   g. Oil, kerosene, petroleum, LPG and other flammable liquid and gases, chemicals (flammable, toxic or explosive)
   h. Banks, building and loan associations, savings and loan associations, credit unions, stockbrokers and similar financial institutions unless lessors risk only
   i. Self-storage facilities that provide outdoor storage of any type of motorized vehicles, including campers and recreational vehicles, unless incidental (less than 30% of rents)
   j. Blasting, smelting or other operations involving hazardous activities
   k. Nightclubs and discotheques

The Proposer

Business Name:

Business Registration No.:

Correspondence Address:

	Postal Code:

Tel No.:	Fax No.:	E-mail Address:

Nature of Business / Trade:

Location of Risk:

Occupancy:	Postal Code:

Period of Insurance: From: _____ To: _____

Details of Risk Premises (Please tick in the appropriate box/column)

		Yes	No
a.	Is the Insured Premises situated in/at any of the following: ☐ Light Industrial Area ☐ Pre-War Shophouse	_____	_____
b.	Are you the owner of the Insured Premises?	_____	_____
c.	Is the Insured Premises solely occupied by you? If shared with others, please state their business/trade: _____	_____	_____
d.	Is the Insured Premises of Class One construction?	_____	_____
e.	Is the Insured Premises protected with any of the following fire fighting facilities? ☐ Fire Alarm System ☐ Sprinkler System ☐ Fire Extinguisher ☐ Fire Hose Reel	_____	_____
f.	Is the Insured Premises protected with any of the following security system? ☐ CCTV ☐ Burglary Alarm System ☐ Grilled Windows/Doors ☐ 24-hr Security Guard	_____	_____
g.	Have you made any insurance claims in the last 3 years? If YES, please furnish details of all claims as follows:	_____	_____

g. (continued)

Date of Loss	Nature of Loss	Amount Claimed ($)
_____	_____	_____
_____	_____	_____

		Yes	No
h.	Has any previous insurer refused to give cover, renew or imposed any special terms? If YES, please state reason(s) _____ _____	_____	_____
i.	Is there any financial institution having any interest in the Property insured? If YES, please give details. _____ _____	_____	_____

Please attach a list where space is insufficient.

Personal Accident

Please provide details of the proprietor/partner(s)/director(s) insured under the Personal Accident Section.

Name of Insured Person	NRIC/Passport No.	Date of Birth	Sum Insured (Please tick)	
			Basic	Top-Up

Fidelity Guarantee (To complete if not all employees are to be insured)

Please provide details of the employee(s) insured under the Fidelity Guarantee Section.

Name of Insured Person	NRIC/Passport No.	Designation

Payment Mode

Cheque crossed and made payable to Etiqa Insurance Pte. Ltd.

Bank: _____ Cheque No.: _____ Amount: _____

For Payment via Credit Card

MasterCard/Visa:	Card Number:	Expiry Date:

Cardholder's Name:

I understand and agree:

1. That the premium payment in respect to my Business Owners Super Suite policy with "Etiqa Insurance Pte.Ltd." will be charged to the Credit Card account nominated by me as above.
2. That the Premium Payment Notice will not be sent to me as the amount will be debited to my Credit Card account.
3. I hereby declare that I understand and agree to the above terms and conditions.

_____

Signature of CardMember

Declaration

1. I/We declare the above particulars to be true and correct and have not withheld any material information regarding this Application and agree that they shall be the basis of the contract between the Company and me/us.
2. I/We understand that Section 4 is a Personal Accident Policy and benefits shall be payable upon an accident occurring, subject to applicable terms, conditions and exclusions.
3. I/We declare I/we further understand that the insurance provinced herein is subject to the condition precedent that:
   (a) I/We never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
   (b) If I/we had breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
      (i) all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy have been fully paid; and
      (ii) a copy of the written confirmation from the previous insurer to this effect is hereby provided.

_____   _____

Proposer's Signature and Company Stamp   Date

Intermediary's Particulars

Name:	Account Code:

Policy Owners' Protection Scheme

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 and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).