

BURGLARY PROPOSAL FORM

IMPORTANT NOTICE

1. Notice pursuant to Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof: You must tell us (ECICS Limited) in this Proposal fully and faithfully all facts which you know, or ought to know. Otherwise, you may receive nothing from the Policy.
2. Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
3. Our policy carries a Premium Payment Warranty. Coverage under the Policy will be automatically terminated pursuant to the terms of the Premium Payment Warranty if the premium is not paid in full within 60 days from the commencement of the cover.
4. You must answer all the questions in this Proposal Form. Any questions not answered will be taken as answered in the negative.

Intermediary Name: _____ **Intermediary Code:** _____

INSURED'S PARTICULARS

Name of Insured: _____

Correspondence Address: _____

Nature of Business: _____

Proposed Insurance Period: From _____ To _____

DETAILS OF PROPERTY

INTEREST TO BE INSURED	Sum Insured (SGD)
1. Furniture, Fixtures & Fittings	
2. Office & Business Equipment	
3. Stocks & Materials, Please specify:	
4. Plant & Machinery, Please specify:	
5. Others, Please specify:	
Total	

DETAILS OF PREMISES

Address of Premises		Postal Code ()
Type of Premises (if others please specify)	<input type="checkbox"/> HDB <input type="checkbox"/> Shopping Complex <input type="checkbox"/> Office Building <input type="checkbox"/> Hotel <input type="checkbox"/> Factory <input type="checkbox"/> Industrial Building <input type="checkbox"/> Others (please specify):	
Premises used for	<input type="checkbox"/> Dwelling <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Engineering <input type="checkbox"/> Office <input type="checkbox"/> Storage <input type="checkbox"/> F&B <input type="checkbox"/> Others (please specify):	
Construction of Premises:	<p>a) Walls</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Open-Sided <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Others (please specify):	
	<p>b) Roof</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tiles <input type="checkbox"/> Concrete <input type="checkbox"/> Zinc <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Others (please specify):	
	<p>c) Building Frame</p> <input type="checkbox"/> Concrete <input type="checkbox"/> Wooden <input type="checkbox"/> Metal <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Others (please specify):	

Security Systems of Premises	1) Normal business hours: _____ Workdays per week: _____	
	2) Premises guarded by security personnel for 24-hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3) Any regular patrols, including check points?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4) Burglary Alarm System	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If Yes, please state name of brand: _____	
	5) Is the burglary system monitored by security?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6) Is the burglary system monitored 24hrs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If Yes, please state any monitoring by 3rd party contractors, eg. CISCO: _____	
	7) Are the premises secured by grilled doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	8) Are there any surveillance cameras?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	9) Is the feed from the cameras recorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	10) Is there any backup on the recording?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11) How long is the recording stored for? _____		
12) Other security measures implemented, please specify: _____		

CLAIMS EXPERIENCE

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

Date of Loss	Describe the loss and attach any documents (eg. police reports, if any)	Amount Claimed (SGD)

GENERAL QUESTIONS

Are there any high value / attractive goods including raw materials such as gold, abalone, artwork stored in the Premises? YES NO

If Yes, please state the types of high value/attractive goods:

Is the Premises shared with any third others? YES NO

If Yes, please state nature of Business of the third party:

Is there any current insurance in force on the same property at the aforesaid premises? YES NO

If YES, please provide details

Has any insurer ever, In respect of Burglary Insurance : Declined your proposal and / or cancelled your policy?
 Refused to renew your policy?
 Required an increase premium or imposed special terms on renewal?

If you have answered YES to any of the above, please provide details

DECLARATION

- For the purpose of this proposal, the undersigned being the proposer or an authorised representative of the proposer and any other parties to be included for this insurance declare that the statements herein are true, accurate and complete; otherwise the policy issued may be void. ECICS Limited is authorised to make any inquiry in connection with this proposal. Neither the acceptance of this proposal nor the making of any further inquiry will bind ECICS Limited to complete the insurance.
- The information contained in and submitted with this proposal is on file with ECICS Limited and along with the proposal is considered physically attached to the Policy and will become part of it. ECICS Limited has relied upon this proposal and attachments in issuing this Policy. The undersigned and/or authorised representative proposed for this insurance agrees that the information contained in and submitted with this proposal is deemed material to the risk assumed by ECICS Limited.
- If the information in this proposal materially changes between the date this proposal is signed and prior to the inception date of the Policy, the proposer will notify ECICS Limited, who may modify or withdraw the quotation.

Name:

Designation (if applicable):

Signature and/or Company Stamp

Date: