



7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987  
Tel: 63374779 Fax: 63389267 (Company Registration No: 198901301C)

## FIRE 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: \_\_\_\_\_

Period of insurance: From \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF PROPERTY

Description	Sum Insured (SGD)
On Building Only Class :	
On _____ Months' Rent :	
On Furniture Fixtures and Fittings :	
On Machinery Equipment :	
On Stock-In-Trade :	
On Others (please specify)	
TOTAL SUM INSURED :	
Address of Premises:	
Occupation and/or use of Premises:	

### GENERAL QUESTIONS

#### 1. Premises details:

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):

2. For what purpose are the premises occupied? Residence/office/shop/godown or factory  
(i) if used as shop/godown, describe the stock stored:

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(ii) if used as factory, describe the goods manufactured

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3. What fire fighting facilities exist within the premises? If there are fire sprinklers, fire extinguishers and/or fire hydrants, provide extent/scope of fire sprinkler system, and numbers of fire extinguishers and/or fire hydrants. If there are fire alarms, state where the fire alarm connects to.

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4. Are there any other occupants on the premises? Please give details.

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5. Have you ever had any loss or damage to the Premises for which you are seeking cover by fire or any of the perils for which you require cover? If so, give details.

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6. Has any insurer ever, In respect of Fire Insurance :

- Declined your proposal and / or cancelled your policy?
- Refused to renew your policy?
- Required an increase premium or impose new terms on renewal?

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

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### 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 agree 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

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Date: