



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

PLATE GLASS 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: _____

Business Address: _____

Nature of Business: _____

Period of insurance: From _____ To _____

DETAILS OF PROPERTY

Description	Sum Insured (SGD)
1. Plate/Sheet Glass (including Frames)	
2. Ornamentation, Writing, Lettering	
3. Others (please specify)	
Total	

DETAILS OF PROPERTY

Address of Premises where glass is contained:	Postal Code ()
Type of premises where glass is contained (if others please specify)	<input type="checkbox"/> Shop Factory <input type="checkbox"/> Office <input type="checkbox"/> Multi-Tenanted <input type="checkbox"/> Complex <input type="checkbox"/> Others
Area where insured glass is affixed (if others please specify)	<input type="checkbox"/> Walls <input type="checkbox"/> Windows <input type="checkbox"/> Doors Mirror / Cases <input type="checkbox"/> Others
Type of protection for glass (if others please specify)	<input type="checkbox"/> Wooden <input type="checkbox"/> Shutters <input type="checkbox"/> Metal Roller <input type="checkbox"/> Shutters <input type="checkbox"/> Iron Grilles No Protection <input type="checkbox"/> Others

GENERAL QUESTIONS

Are you the sole occupier of the premise? Yes No
If NO, please give details of the occupants

Will the premises be left unoccupied? Yes No
If YES, please state when and how long

Have you ever suffered loss by breakage to the glass at the above or other premises? Yes No
If YES, please provide the details and state the name of the insurer and precautions which have been taken to prevent a recurrence

Is there any glass to be insured which is now broken or damaged in any way? Yes No
If YES, please provide details

Has any insurer ever, in respect of Plate Glass Insurance :
Declined your proposal and / or cancelled your policy? Yes No
Refused to renew your policy? Yes No
Required an increase premium or imposed special terms on renewal? Yes No
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 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

Date: