



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

PUBLIC LIABILITY 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

Risk Premises Location: _____

Use of Premises: Dwelling Manufacturing Retail Engineering
 Office Storage F&B Others (please specify):

If others, please specify: _____

Please state Annual Turnover of the Insured's Business: _____

Limit of Indemnity
Please state Limit of Indemnity required.

A) Any One Occurrence: _____

B) Any One Period of Insurance: _____

ADDITIONAL INFORMATION

1. Do any of your employees undertake duties away from the premises for the purpose of your business? Yes No
If yes, please give details. _____

2. Will any work be carried out on board vessel/ in shipyard/ in oil refinery? Yes No
If yes, please give details. _____

3. Will any work be sub-contracted? Yes No
If yes, please state estimated annual contract value. _____

4. Is cover in respect of sub-contractors required? Yes No
If yes, please give details. _____

5. Are any lift (s), elevator(s), escalator(s), crane(s), hoist(s) and machinery used in connection with your business? Yes No
If yes, please give details. _____
6. Are your premises, and all machinery, appliances and plant(s) in sound condition and in good state of repair? Yes No
7. Do you use, store or carry any radioactive substances, explosives or highly inflammable goods? Yes No
If yes, please give details. _____
8. Has any insurer declined to insure you against the liability to which this proposal relates? Yes No
If yes, please give the name of the insurer. _____
9. Is there any insurance in force covering the same exposure for the same period of insurance being proposed? Yes No
If yes, please state:
(i) Name of Insurer : _____
(ii) Limit of Indemnity (S\$) : _____
10. Has any insurer ever, In respect of Public Liability Insurance :
Declined your proposal and / or cancelled your policy? Yes No
Refused to renew your policy? Yes No
Required an increase premium or impose new terms on renewal? Yes No
If you have answered YES to any of the above, please provide details

DETAILS OF EXPIRING INSURANCE (IF ANY)

Please provide the following information:

- A) Insurer: _____
- B) Limit of Indemnity: Any One Occurrence (S\$): _____
Any One Period (S\$): _____
- C) Annual Premium (S\$): _____
- D) Excess: _____
- E) Expiring Date: _____
- F) Special Terms and Conditions: _____

CLAIMS EXPERIENCE

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Year of Loss	Nature of Loss	Claimed (S\$)

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: