

APPLICATION FOR CONSEQUENTIAL LOSS FOLLOWING FIRE INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of Proposer	
Name of Company	Unique Entity No. (UEN)
Address of Business premises	
Type of Business	Period of Insurance (dd/mm/yyyy) From _____ To _____

Details of Insurance Required
1. Risk Premises Situation
2. Sum Insured Gross profit _____ Wages/Payroll _____ Auditors' Fees _____
3. Uninsured Working Expenses
4. Indemnity Period <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months
5. Claims History a. Have you ever made a claim in respect of the insurance now proposed for? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Has any of your proposal or renewal of insurance ever been declined, withdrawn or changed or increased in rate or subjected to special conditions? <input type="checkbox"/> Yes, please specify _____ <input type="checkbox"/> No c. Have you ever been made a bankrupt or made on composition with creditors? <input type="checkbox"/> Yes, please specify _____ <input type="checkbox"/> No
6. Other Information a. Do you keep stock books and sales books? Will these be posted promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are your books regularly audited? If "Yes", please provide the Name and Address of your Auditor. _____ c. Do you carry on business at any other premises? If "Yes", please give details. _____ e. Are you at present insured against Consequential Loss by Fire with another Company or Insurer? If "Yes", please give details. _____ f. State any extensions required. _____

GI/PC/09/2009

Declaration by Proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/we accept full responsibility for them.

I/We have not withheld any material information. I/We agree that this proposal and other written statement, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income.

I/We acknowledge that the liability of NTUC Income does not commence until this proposal has been accepted and the premium paid and received in full by NTUC Income.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Proposer & Company's Stamp

Date (dd/mm/yyyy)

For Official Use

Adviser's Name	Adviser's Code	Date (dd/mm/yyyy)	Policy Delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Policy No.	Premium	Remarks	

GI/PC/09/2009