

Application Form SmartPlan

AXA INSURANCE PTE LTD

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I declare that my business meets the following requirement:

- No claim experience for the past 3 years.
- All entrances to my premises are protected with roller shutter/glass door/iron grilles and padlock.
- The proposed insurance now has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
- The premises is solely occupied by me for my business and is not a shared premises.

If any of the above answer is NO, please contact your intermediary or call our hotline +65 1800 880 4888, or email customer.service@axa.com.sg

Create your business cover: Select "Standard Cover" or "Build your own"

	Plan A Standard cover	Plan B** Build your own							
Coverage	Sum Insured/ Limit of Indemnity/No. of Employees	Maximum Sum Insured/Limit of Indemnity/No. of Employees	Premium Rates inclusive of GST					Premium =	
			F&B	Retail	Personal Service	Office	Sum Insured	Premium rates x Sum Insured	
		Compulsory Cover							
All Risks* Real (excluding building) and Personal property	\$100,000	\$2,000,000 (stock not more than 25% of the sum insured)	0.1605%	0.1605%	0.1177%	0.107%	\$	\$	
Work Injury Compensation*	3 employees	25 employees	\$80.25	\$42.80	\$32.10	\$21.40			
				Per Employee			(No. of employees)	\$	
		Optional Cover							
Theft of Money In Transit & in Premise	\$3,000	\$30,000	0.3745%	0.535%	0.3745%	0.214%	\$	\$	
Public Liability	\$500,000	\$5,000,000	\$32.10 per (\$250,000 Sum Insured)	\$21.40 per (\$250,000 Sum Insured)	\$21.40 per (\$250,000 Sum Insured)	\$13.38 per (\$250,000 Sum Insured)	\$	\$	
Daily Cash for Business Interruption Up to 100 days	\$250 per day	\$500 per day	13.91%	18.19%	10.70%	8.56%	\$per day	\$	
Worldwide Personal Accident (whose profession does not involve the use of heavy machinery & tools, or exposed to any special hazard)	\$50,000 (For 1 person)	\$300,000 per insured person (25 insured person)	0.0642%	0.0642%	0.0642%	0.0642%	\$	\$	
Business Interruption (Gross Profit basis) Indemnity Period: 12 months		\$1,000,000	0.1605%	0.1605%	0.1177%	0.107%	\$	\$	
Fidelity Guarantee		\$5,000	\$53.50	\$32.10	\$32.10	\$21.40		\$	
		per employee \$10,000 in the aggregate	Per Employee (Max 25 employees)			yees)	(No. of employees)		
Fire on Building		\$2,000,000	0.0535%	0.0535%	0.0535%	0.0535%	\$	\$	
Plan A Premium		Plan B Premium							
Premium (inclusive of GST)		Minimum Premium (inclusive of GST)							
F&B	\$511.46				&B \$404				
Retail Personal Services	□ \$404.46 □ \$318.86	Retail \$286.76							
Office	□ \$243.96		rei	Offi		0.70	Premiu	ım	
Premium for "What Matters?" upgrade***		□ \$32.10		□ \$58.85 Upgrade for other trade specific					
Total Premium		\$ (Inclusive of GST)					GST)		

- All Risk and Work Injury Compensation are mandatory covers that need to be included in Plan B.
- You can customise your coverage under Plan B and any optional cover non selected you will not be protected.
- *** All Premium are inclusive of GST.

Details of Insured Person under Worldwide Personal Accident Cover:

Name		NRIC	Date Of Birth	Occupation	Sum Insured				
	4-4								
dditional Insured information to be provi	ded on separate sheet of	paper.							
DETAILS OF PROPOSER									
Name of Proposer/Company's N	ame:								
Address of Droporty Incured									
ddress of Property Insured: Postal Code:									
Laure of Manharata (16 ann)				1 03(4) 0040.					
Name of Mortgagee (if any):									
Correspondence Address (if the	address differs fron	n the address of pro	operty insured):						
				Postal Code:					
el: (HP):	(0):	E	mail:						
Description of Business/Trade: _									
Period of Insurance: From		To							
	(DD/MM/YYYY)		(DD/MM/YYYY)						
PAYMENT METHOD				DECLARATION					
☐ Cheque (crossed and made payab	ole to AXA Insurance P	te. Ltd)	IMPORTANT NO						
Bank:	Cheque No.:		amendmen	 Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, 					
☐ Credit Card				aithfully, all the facts which you know the policy issued may be void.	or ought to know				
Choose only ONE payment mod	de			2. No insurance is in force until AXA Insurance Pte Ltd confirms					
Single Deduction	0% Interest Free Inst (Applicable for Visa a		,	acceptance of this Proposal. 3. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered.					
□ AMEX □ DINERS	□ OCBC □ DBS	□ POSB □ UOB	Scheme wi						
☐ MASTERCARD ☐ VISA Issuing Bank:	Installment Period ☐ 6 months	☐ 12 month:	further acti						
Cardholder's Name:			We confirm th	e d etails g iven a re t rue a nd c orrect a	and wehavenot				
State Relationship (where cardholde			withheld any Application sha	material information regarding this all form the basis of the contract betwee	Application. This n me/us and AXA				
Card No.:			Insurance Pte. and conditions	Ltd and I/we will accept a policy sub of the Policy.	ject to the terms				
Expiry Date:	Card Verification Va	lue (CVV) ³ :							
Cardholder's Signature:			_						
Contact No:	Date:		Signature of F	Proposer/Company's Stamp Da	te (DD/MM/YYYY)				
Only for participating Banks and subject	to their Card Agreement Te	(DD/MM/YYYY) erms & Conditions. Minim	um						

- premium of S\$200 is required for OCBC and S\$500 for DBS/POSB/UOB.
- If Cardholder is not the insured or the insured's spouse, parent, parent-in-law, child or sibling, AXA Insurance Pte Ltd reserves the right to reject payment via credit card.
- CVV For Visa & MasterCard, CVV is the last 3 digit no. printed just above the signature panel in reverse italics on the back of your card. For AMEX, it is the 4-digit no. printed on the front of the card number above the card number.

PRODUCER'S NAME / ACCOUNT CODE