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BUSINESS PROTECTOR PLUS - FOOD SUPPLY PROPOSAL FORM

Important Notes:

- Pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- No insurance is in force until this application is accepted by us in accordance with policy terms, conditions and exclusions.
- If your proposal is accepted, it is a condition precedent to our liability under the policy that the premium must be paid to and actually received in full by us within 60 days from the inception date of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.



PARTICULARS OF PROPOSER

Name of Proposer:

Correspondence Address:

Location of Insured Property:

(If different from above)

Name of Landlord:

(If applicable)

ROC Number:

Description of Trade/Occupancy:

Contact Number:

Fax:

Email Address:

Period of Insurance: (From)

(To)



DETAILS OF INSURANCE

I declare that my/our business meets the following requirement:

The business has not made any insurance claims on any type of liability insurance in the last 3 years?

☐ Yes

☐ No*

Are all the entrances to the business premise protected with either roller shutter, glass door/iron grilles or padlock and are in working order?

☐ Yes

☐ No*

The business premise is constructed of either brick/tile/concrete/or other non-combustible material?

☐ Yes

☐ No*

The premise is equipped with either working and maintained fire extinguishers or working and maintained fire alarm?

☐ Yes

☐ No*

The premise is solely occupied by my business only and is not a shared premise.

☐ Yes

☐ No*

The premise is not situated at a pre-war shop house?

☐ Yes

☐ No*

The business has not been declined insurance, had its insurance cancelled, refused renewal terms or has been subject to any special terms by any other insurance company.

☐ Yes

☐ No*



BUILD YOUR OWN INSURANCE COVER

COMPULSORY COVER				
Coverage	Maximum Sum Insured/Limit of Indemnity/No of Employees	Sum Insured/ Limit of Liability/ No of Employees	Premium Rates	Premium = Sum Insured x Premium Rates
Property All Risks	S\$1,000,000			
Furniture, Fixtures & Fittings			0.450%	
Contents				
Stocks				
Rent: _____ (month) Number of months to be covered				
Total				
<i>(Subject to minimum premium of S\$400)</i>				
Free Cover				
<ul style="list-style-type: none"> Consequential Loss - S\$250 per day up to 150 days Money in premise/transit (sub limited to S\$5,000 in locked drawer/cash register) - S\$10,000 Plate Glass (first loss basis) - S\$5,000 				
TOP UP COVER				
Consequential Loss	Maximum additional top up S\$500 per day up to 150 days		80%	
		<i>(Sum insured per day)</i>		
Money	Maximum additional top up S\$40,000		0.50%	
Plate Glass	Maximum additional top up S\$15,000		0.50%	
OPTIONAL COVER				
Work Injury Compensation				
Categories of Workmen	No of Employees	Total Salary per Category	Rates	Premium <i>(Subject to a minimum premium of S\$100)</i>
• Admin/Clerical/ Sales/Marketing			0.08%	
• Production staff			0.80%	
• Storekeeper/Driver			1.50%	
Public Liability	S\$2,000,000		0.040%	
		<i>(Minimum Limit of Liability – S\$500,000)</i>		
Optional Extension Product Liability	S\$100,000		2%	
		<i>(Minimum Limit of Liability – S\$10,000)</i>		
Fidelity Guarantee	S\$5,000 per occurrence and S\$10,000 in aggregate (max. 25 employees)		S\$20 per pax	
		<i>(no. of employees)</i>		
		Occupation: _____		
Machinery Breakdown	S\$20,000 On plant, machinery and equipment (not exceeding 6 years) within the stated premise excluding mobile equipment and machinery)		5%	

Warranty: Kitchen ducts are to be serviced and maintained every 6 months
Note: The premium is per location basis unless units are adjoining

Work Injury Compensation Important Notice

- Maximum salary per employee per month - S\$8,500[^]
- Total salary cap for each entity - S\$2,500,000 a year[^]

[^] For entities with salaries exceeding this cap or the nature of business/employee category does not fit into any of the above, please approach our intermediaries for other suitable packages or policies

"Salary" refers to the annual wages, salaries and other monetary earnings, and must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but exclude travelling allowances and employers' CPF contributions.



BUILD YOUR OWN INSURANCE COVER

OPTIONAL COVER

Coverage	Maximum Sum Insured/Limit of Indemnity/No of Employees	Sum Insured/Limit of Liability/ No of Employees	Premium Rates	Premium = Sum Insured x Premium Rates
Deterioration of Stocks	S\$5,000 On refrigerated or frozen food within the stated premise	<input type="text"/>	5%	<input type="text"/>
Group Personal Accident	Maximum S\$100,000 per employee (max. 25 employees, excluding drivers and delivery staff)			
	Non manual	<input type="text"/>	0.05%	<input type="text"/>
	Manual	<input type="text"/>	0.15%	<input type="text"/>

Details of Employees to be covered (for Group Personal Accident)

Name	NRIC/FIN/WP No	Date of Birth	Occupation	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Premium Due

GST (7%)

Total Premium



DECLARATION

I/We acknowledge that we have read and understood the Important Notes contained in this Proposal Form.

I/We declare, after all due enquiry, that to the best of my/our knowledge and belief:

- All answers given in this Proposal Form are true, accurate and complete in every detail; and
- All material facts affecting the assessment of the risks have been declared.

I/We declare and agree that this Proposal Form and Declaration, together with all other documents and information submitted, shall be the basis of the contract between me/us and Allied World Assurance Company, Ltd (Singapore Branch) ("Allied World"), subject to all the terms and conditions of the policy as issued or as otherwise specifically varied in writing by Allied World. No insurance policy shall be deemed to be in force until this Proposal Form has been accepted by Allied World, and the premium fully paid.

I/We undertake to advise Allied World of any alteration to the risks proposed and to exercise all reasonable precautions for the safety of the Property and Employees insured.

If this Proposal has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers provided to Allied World.

I/We declare that I/we fully understand and agree that the benefits under the Personal Accident section of this policy will only be payable upon an accident occurring.

I/We consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, disclosing and processing my/our personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://www.alliedworldinsurance.com/singapore>, including disclosing my/our personal data to Allied World's third party service providers and agents, and transferring personal data outside Singapore. If I/we have provided or will provide information to Allied World about our employees or any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

I consent to Allied World sending me marketing, promotional or other messages via telephone:

☐ Voice call ☐ Text message

Please note if you decide you no longer wish to receive offers from us via telephone and/or text message, you can opt out at any time by submitting a request via our website at www.alliedworldinsurance.com/Singapore. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

Signature/Company Stamp

Date



PAYMENT INSTRUCTIONS

(Important Notice: Under the GIA Premium Payment Framework – receipt of payment is required before the inception of the Policy.)

☐ **BY CREDIT CARD** Please charge S\$: _____ to my **Visa/MasterCard**
(*Delete where appropriate)

Credit Card No.: _____ CVV2 No.: _____
(last 3 digits behind Credit Card on the signature panel)

Name on Credit Card: _____

Name of Issuing Bank: _____ Expiry Date: _____

Signature: _____ (as on your credit card)

I/We agree to pay the premium according to the mode of payment chosen and I/we hereby authorise Allied World to charge the stated annual premium to the following credit card/bank account. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

I/We understand and agree that in the event of a refund from Allied World, payment will be made to the Insured/Policyholder stated above.

☐ **BY CHEQUE** I enclose my Cheque/Bank No.: _____

for S\$ _____
crossed and made payable to **Allied World Assurance Company, Ltd.**

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 under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



ADDITIONAL NOTES



INTERMEDIARY NAME/CODE