

Astra Assurance

49 Marshall Road
Singapore 424878
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COMMERCIAL PROPOSAL FORM

PARTICULARS OF THE BUSINESS

Name of Proposer: _____

Currently insured? NO YES, if YES, please list name of current insurer _____

Business Registration No. _____

Nature of Business _____

Correspondence Address _____ Postal Code _____

No. of Years Business has been Established _____

Location of Risks _____ Postal Code _____

Annual Turnover of the Business _____

Period of Insurance: From _____ (ddmmyy) to _____ (ddmmyy)

Occupancy of Premise _____

CUSTOMER CONTACT DETAILS:

Name _____ Designation _____

Email _____

Mobile Phone No. _____ Office Telephone No. _____ Fax No. _____

Please complete relevant section (s) only

1. Fire & Extraneous Perils OR All Risk Insurance		Pls tick: <input type="checkbox"/> F&EP OR <input type="checkbox"/> All Risk	
<u>Interest Insured</u>	Sum Insured (S\$)	Rate (%)	Premium (S\$)
1. Building (excluding Foundations and Drains)			
2. Renovations, Furniture, Fixtures & Fittings			
3. Office Equipment & all other contents pertaining to Insured's business			
4. Plant & Machinery			
5. Stocks and Material in Trade consisting of _____			
6. Business Interruption. Select Options: a) Daily Benefits (\$_____ per day for 120 days) b) Loss of Profits c) Loss of Revenue d) Loss of Rent			
Total Sum Insured			

2. Public Liability Insurance		
Limit of Liability(S\$):	Deductible (S\$):	Premium (S\$):
Annual est Company Revenue (S\$):		
Any one period of insurance: Unlimited Max Contract Value limit: Hotworks extension: Yes/No Food and Drink extension: Yes / No Treatment Risk extension: Yes / No Any heights above 30feet (if yes, pls declare max height limit): Territorial Limit and/or Jurisdiction: Singapore		

3. Money Insurance (This coverage cannot be quoted on a stand-alone basis)			
<u>Interest Insured</u>	Sum Insured (S\$)	Rate (%)	Premium (S\$)
1. Robbery Outside the Premises (During business hours)			
Maximum amount carried per trip: _____ No. of trips per month: _____ Is the messenger accompanied: _____ Mode of transport: _____			
2. Robbery Inside the Premises (During business hours)			
– provided money kept in locked safe after business hours – provided money kept in locked drawer/locked cash register/ locked cabinet is limited to S\$2000 after business hours			

4. Burglary Insurance (This coverage cannot be quoted on a stand-alone basis)			
Interest Insured	Sum Insured (S\$)	Rate (%)	Premium (S\$)
1. Building (excluding Foundations and Drains)			
2. Renovations, Furniture, Fixtures & Fittings			
3. Office Equipment & all other contents pertaining to Insured's business			
4. Plant & Machinery			
5. Stocks and Material in Trade consisting of _____			
6. Others: Please specify: _____			
Total Sum Insured			
Deductible (S\$):			

5. Plate Glass Insurance (This coverage cannot be quoted on a stand-alone basis)			
Interest Insured	Sum Insured (S\$)	Rate (%)	Premium (S\$)
On all plate glass situated within the insured premises			
	Deductible (S\$):		

6. Work Injury Compensation Insurance					
Item	Occupation/Nature of work of employees	No. of employees	Total estimated annual salaries & other earnings	Rate (%)	Premium (S\$)
Please use a separate paper if space is inadequate Max Contract Value limit: Hotworks extension: Yes/No Any heights above 30feet (if yes, pls declare max height limit): Territorial Limits &/or Jurisdiction: Singapore				Sub-Total	
For office Use:					

QUESTIONNAIRE

		Yes	No
1.	<p>Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition, or construction outside insured's premises? If yes, please describe how the work is being carried out?</p> <p>_____</p>		
2.	<p>Are any workers involved in works at a height of more than 30 feet (10m) above floor or ground level? If yes, please state</p> <p>a. How works are conducted at heights _____</p> <p>b. The maximum and average height involved.</p> <p>Average height _____ , Average no. of employees each time _____</p> <p>Max height: _____ , Max no. of employees each time _____</p>		
3.	<p>Will there be any scaffolding works &/or other related activities? If yes, please elaborate</p> <p>_____</p>		
4.	<p>Are any workers involved in works involving explosives, dangerous or toxic chemicals eg. Chemicals that are under the Poison Act or Gases or working at high risk areas such as petrochemical or chemical plant, cleanroom , computer room or shipyard? If yes, please describe how the work is being carried out?</p> <p>_____</p>		
5.	<p>Are any workers involved in excavation works, work in manholes or tunnels etc? If yes, please describe how the work is being carried out?</p> <p>_____</p>		
	<p>Are any of the workers involved in using heavy industrial machines that involved cutting, pressing, grinding, etc? If yes, please elaborate</p> <p>_____</p>		
7.	<p>Are any of your workers involved in lifting or hoisting operations especially in public areas? If yes, please elaborate</p> <p>_____</p>		
8.	<p>Does the nature of work requires welding work &/or hot work? If yes, please elaborate</p> <p>_____</p>		

		Yes	No
9.	Will there be any Diving &/or related Underwater activities pertaining to your business? If yes, please elaborate _____		
10.	Please provide the safety measures for employees enforced in your business eg, PPEs like gloves, hard hat, goggles or safety guards on machinery. Please elaborate: _____		
11.	Is the average contract value more than S\$50,000? If yes, please advise what are the average contract value and the maximum contract value. Average _____ Max: _____		
12.	Are any workers required to work onboard vessels, oilrigs or confined space, etc? If your answer is "Yes" to Q12, please answer Q13.		
13a	Who needs to work onboard vessels/rigs/platforms etc _____		
13b	Describe in detail the nature of such works onboard vessels/rigs/platforms etc _____		
13c	What type of equipment do you use onboard vessels/rigs/platforms etc _____		
13d	Is the vessel docked at the shipyard / jetty or is it anchored at sea (offshore works)? _____		
13e	What is the percentage of work onboard vessels/rigs/platforms etc compared to onshore works like in workshops/offices etc? _____		
13f	What is the maximum no. of employee onboard vessels/rigs/platforms at any one time? _____		
13g	Frequency each employee needs to work onboard vessels/ rigs/platforms and the duration of such visits. Frequency _____ Duration each time _____		
13h	Does any of your employee work & sail with the vessel? If yes, what is the frequency in a year and what do they do onboard? _____		

PROPERTY HAZARD CHECKLIST (Compulsory Field)

1. Is the insured premise protected with any of the following fire fighting facilities?

Sprinkler Fire Extinguisher Hosereel Alarm System Others: pls specify _____

2. Is the insured premise protected with any of the following security measures?

Solid door/Gates/Grilles Burglary Alarm 24-Hr Security Guard Others: pls specify _____

3. Is the Insured premise constructed of brick/tile/concrete? Yes No

4. Are there any hazardous goods stored in the premise? Yes No

5. Is the Insured premise wholly occupied by your business? Yes No

6. Are there any spray painting or hotwork carried out on your premises? Yes No

CLAIM DETAILS

Do you have any Claims for the past 3 years? Yes No

If YES, please indicate claim amount & details as below

Claim Date (mmyy)	Insurance Type e.g PL, WICA	Description of Claims	Paid Claims		Outstanding Claims	
			Number	Amount	Number	Amount

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the information given here is true and complete and agrees that if a contract of insurance is effected, all information submitted in connection with this application shall form the basis of such contract between the client and the insurer.

Name: _____

Designation: _____

Company Stamp:

Date: _____

Signature of Authorized Officer

I/We declare and acknowledge that I/We have reviewed this Commercial Proposal Form with the authorised officer of the company, and that I/we have explained all the requirements of this Proposal Form to him/her.

Name: _____

Designation: _____

Company Stamp:

Date: _____

Signature of Agent