STANDARD SME PROPOSAL FORM

Important Notes

1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) or any amendments thereof. You are to disclose in the proposal, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
2. No insurance is in force until this application is accepted by the Company in accordance to policy terms, conditions and exclusions.
3. The specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.
4. If your proposal is accepted, it is a condition precedent to our liability under the Policy that the premium must be paid to and received by us within 60 days from the inception 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.

This form is for information collection only. Actual submission should be done through SME Online (Transact).
For inquiries please call the AIG SME team at +65 6419 1800

POLICY DETAILS

Insured Details

Insured Name	

Business Address (Location of Risk)

Block:		Street No. and Name	
Unit No.		Building Name	
Postal Code			

Correspondence Address Same as Business ☐ Yes ☐ No (If No, please provide details)

Block:		Street No. and Name	
Unit No.		Building Name	
Postal Code			

Contact Information

Contact Name		Office Telephone / Mobile Number	
Email Address		Website	

Other Details

Nature of Business			
What year was the business established?		No. of Employees in your Company	☐ Less than 200 ☐ 200 or more

PRODUCER'S PARTICULARS

Name		Producer Code	
Telephone / Mobile Number		Email Address	

LOSS / INSURANCE HISTORY

1. Loss History

Other than Work Injury Compensation claims, have you or any business partner or affiliated or subsidiary or branch or board of director in the last 3 years suffered any losses whether insured or otherwise or had any claims been made against you? If Yes, please provide details: Preventative Action Taken Since Loss Occurred:	☐ Yes ☐ No

2. Insurance History

Have you or any business partner or affiliated or subsidiary or branch or board of director:

Had any insurer decline an application of insurance, cancel or refuse to renew a policy, impose any special condition or declined any claim?	☐ Yes ☐ No
In the last 5 years ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration?	☐ Yes ☐ No
Been convicted of or had any fines imposed for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?	☐ Yes ☐ No
If Yes to any of the above questions, please provide details:	

LOCATION DETAILS

1. Construction Details

a. Year of Construction	☐ Pre War ☐ Post War
b. Are any main structures of the building made of wood or combustible materials If Yes, please identify those structures: ☐ Wall ☐ Roof ☐ Column ☐ Floor ☐ Beam If No, Main Construction: ☐ Reinforced Concrete ☐ Steel	☐ Yes ☐ No
c. Are there any cold rooms in the premises: ☐ None ☐ Yes – cold room with less than 15% of building area ☐ Yes – cold room with 15% - 25% of building area ☐ Yes – cold room with more than 25% of building area	

2. Fire Protection and Security.
Please tick (☑) whichever is applicable.

☐	Sprinklered	☐	Smoke Alarms	☐	Fire Extinguishers
☐	Hose Reels	☐	Hydrants	☐	Gas Fire Suppression
☐	CCTV	☐	Roller Shutters	☐	Padlocks / Deadlocks on all doors
☐	Iron Bars / Grilles on all Windows				

Watchmen	☐ None ☐ 24 hour security guard ☐ Office hours
Security Alarm	☐ None ☐ Monitored ☐Unmonitored
Is Insured a Tenant or an Owner?	☐ Tenant ☐ Owner

3. Surrounding Exposure.

a.) Does the Insured occupy the whole building in which they are located? If No, please answer b.	☐ Yes ☐ No
b.) Is tenancy shared (no dividing wall): If Yes, please provide Nature of Business for each of the tenants who share the premises:	☐ Yes ☐ No
c.) Main Use of Building ☐ Office ☐ Retail ☐ Warehouse ☐ Education ☐ Restaurant or Pub ☐ Others, please specify: ☐ Residential ☐ Industrial	
d.) Are there any industrial or warehouse businesses within 20 metres of the Insured's building? If Yes, what are the details of these businesses	☐ Yes ☐ No

PROPERTY (COMPULSORY COVER)

1. Cover Type: ☐ Fire and Extraneous Perils ☐ Property All Risks

Building	
Contents, Fixtures and Fittings	
Plant and Machinery	
Stock	

Other Property Values	

	Please Provide Details

Policy Floater	
Policy Floater Description	

Removal of Debris	☐ Not Required ☐ 5% ☐ 10% ☐ 15% ☐ 20%
Loss of Rent	☐ Not Required ☐ S$1,000 ☐ S$5,000 ☐ S$10,000
Daily Cash	☐ Not Required ☐ S$250/day ☐ S$350/day ☐ S$500/day ☐ S$750/day
Professional Fees	☐ Not Required ☐ 5% ☐ 10% ☐ 15%

2. Flood: ☐ No Flood Cover ☐ Full Value ☐ First Loss Limit: ___

Have you suffered any flood damage in the last 5 years? If Yes, please provide details:	☐ Yes ☐ No
Do you have a basement?	☐ Yes ☐ No
Deductibles: ☐ Property: ☐ 100 ☐ 500 ☐ 1,000 ☐ 2000 ☐ 5000 ☐ Flood: ☐ 250 ☐ 500 ☐ 1,000	

Note: Flood coverage is optional. If selected, it will form part of Property cover.

PROPERTY SUBSECTIONS

1. Burglary: ☐ Yes ☐ No (If Yes, please provide details below)

Burglary Cover Type	☐ Burglary ☐ Full Theft ☐ Full Value ☐ First Loss Limit: ___
Public Holiday Increase (for First Loss Limit)	☐ Not Required ☐ 5% ☐ 15% ☐ 20% ☐ 25%
Deductible	☐ Nil ☐ 100 ☐ 500 ☐ 1,000

Note: Burglary/Full Theft is an optional cover. Coverage will only be provided if selected.

2. Money: ☐ Yes ☐ No (If Yes, please provide details below)

On Premises	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ S$15,000 ☐ S$25,000 ☐ Other: ___
In Transit per Carrying Limit	☐ Not Required ☐ S$1,000 ☐ S$2,500 ☐ S$5,000 ☐ S$10,000 ☐ S$15,000 ☐ S$25,000 ☐ Other: ___
Public Holiday Increase (for First Loss Limit)	☐ Not Required ☐ 5% ☐ 15% ☐ 20% ☐ 25%
Deductible	☐ Nil ☐ 100 ☐ 250 ☐ 500

Note: Money is an optional cover. Coverage will only be provided if selected.

3. Glass (applicable to Fire and Extraneous Perils cover): ☐ Yes ☐ No (If Yes, please provide details below)

☐ First Loss Limit	☐ S$2,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
☐ Full Replacement Value	
Deductible	☐ Nil ☐ 100 ☐ 250 ☐ 500

BUSINESS INTERRUPTION

1. Cover Type

Cover Type	☐ Gross Revenue ☐ Gross Profits ☐ Net Profits ☐ Loss of Gross Rental ☐ Increase Cost of Working Only(ICOW)		
Indemnity Period	☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ 36 months		
Sum Insured		ICOW Sum Insured	
Standing Charges Sum Insured (Optional)		Wages Amount (Optional)	
Policy Floater Sum Insured			
Does the Insured wish to declare uninsured working expenses?	☐ Yes ☐ No		
	If Yes, please provide details of uninsured working expenses:		
Time Excess	☐ 12 Hours ☐ 24 Hours ☐ 48 Hours		

2. Optional Extensions

Additional Increased Cost of Working (AICOW)	☐ Yes ☐ No
	☐ S$5,000 ☐ S$10,000 ☐ S$25,000 ☐ S$50,000 ☐ Other: ___
Customer and Suppliers	☐ Yes ☐ No
Prevention of Access	☐ Yes ☐ No
Public Utilities	☐ Yes ☐ No
	☐ S$10,000 ☐ S$25,000 ☐ S$50,000 ☐ S$100,000 ☐ Other: ___
Auditors Fees	☐ Yes ☐ No
	☐ Amount:
Payroll	☐ Yes ☐ No
	☐ Amount:

Other Sum Insured	☐ Yes ☐ No
	☐ Amount:
Book Debts	☐ Yes ☐ No
	☐ Amount:

LIABILITY

1. Public Liability

Limit of Liability	☐ S$500,000 ☐ S$1,000,000 ☐ S$2,000,000 ☐ S$5,000,000 ☐ S$10,000,000 ☐ Other:
Is this property owned as a landlord?	☐ Yes ☐ No
Number of employees at this location	☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 101-250 ☐ Over 250
Turnover at this location	☐ Up to S$500,000 ☐ S$500,001 to S$1,000,000 ☐ S$1,000,001 to S$2,000,000 ☐ S$2,000,001 to S$10,000,000 ☐ S$10,000,001 and above
Territorial Limits	☐ Singapore ☐ Asia ☐ Worldwide including USA and Canada ☐ Worldwide excluding USA and Canada
Deductible	Property Damage: ☐ Nil ☐ S$500 ☐ S$1,000 ☐ S$5,000
	Personal Injury: ☐ Nil ☐ S$500 ☐ S$1,000 ☐ S$5,000

2. Optional Extensions

Care Custody and Control	☐ Yes ☐ No
	☐ S$10,000 ☐ S$20,000 ☐ S$50,000 ☐ Other: ___
Manual Work Away From Premise	☐ Yes ☐ No
	Proportion of Total Value of Work: ☐ <10% ☐ 10% to <25% ☐ 25% to <50% ☐ Over 50%
Parking Facilities on Premises	☐ Yes ☐ No
	Number of Spaces: ☐ 1 – 10 ☐ 11 – 50 ☐ 51 – 200 ☐ Over 200
Food Poisoning	☐ Yes ☐ No
	☐ S$10,000 ☐ S15,000 ☐ S$25,000 ☐ S$50,000 ☐ S$100,000 ☐ S$150,000

3. Products Liability ☐ Yes ☐ No

If Yes, please provide details by completing the Product Liability Insurance Proposal Form.

Please download and complete the Product Liability Insurance Proposal Form if Product Liability Insurance Quotation is required.

POLICY WIDE SECTIONS

1. Work Injury Compensation: ☐ Yes ☐ No (If Yes, please provide details below)

Employer's Name		Employer's Unique Entity No. (UEN)	
Territorial Limits	☐ Singapore ☐ Worldwide		

This section 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 name of Scheme member) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Description of Occupations of Employees	Estimated Number of Employees	Estimated Wages

How many claims have been made in the last 3 years?	

Please enter details of the claims for each of the last three years, including the count of employees and wages at the end of the period, the number of claims and the total amount paid and the estimated amount outstanding:

Period	Employee Count	Employee Wages	Number of Claims	Amount Paid	Estimate Amount Outstanding
Last 12 months					
13 – 24 months ago					
25 – 36 months ago					

Do employees undertake any of the following activities: • Climbing works • Underground, digging, excavation • Blasting, demolition • Others • Scaffolding, gondolas, etc. • Piling • Oil rigs, etc. If Yes to any of the above, please provide activity details:	☐ Yes ☐ No

2. Machinery Breakdown: ☐ Yes ☐ No (If Yes, please provide details below)

On-site Items Sum Insured at all Insured Locations	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ S$20,000 ☐ Other: ___
Off-site Items Sum Insured	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ Other: ___

Any On-Site Item Valued over S$15,000, please enter Manufacturer, Model, Year of Manufacture, Value and Serial Number

Manufacturer	Model	Year of Manufacture	Value	Serial Number

Extensions

Deterioration of Stock	☐ Not Required ☐ S$2,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
Loss Profits	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ S$15,000 ☐ Other: ___
Indemnity Period	☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months

Deductibles

On-Site Items	☐ S$100 ☐ S$200 ☐ S$500
Deterioration of Stock	☐ S$200 ☐ S$500
Off-site Items	☐ S$100 ☐ S$200 ☐ S$500
Loss of Profits	☐ 3 days ☐ 7 days ☐ 14 days ☐ 28 days

3. Electronic Equipment: ☐ Yes ☐ No (If Yes, please provide details below)

Material Damage Sum Insured (excluding portable equipment)	☐ S$5,000 ☐ S$10,000 ☐ S$20,000 ☐ S$50,000 ☐ S$100,000 ☐ Other: ___ ☐ Require portable equipment only			
Other Material Damage Sum Insured				
Main Location of Equipment	☐ Business Location ☐ 3rd party data centre located elsewhere			
	If 3rd part data centre, please provide details below:			
	Block:		Street No. and Name	
	Unit No.		Building Name	
	Postal Code			

Data Centre Fire Protection and Security
Please tick (☑) whichever is applicable.

☐	Sprinklered	☐	CCTV	☐	Padlocks / Deadlocks on all doors
☐	Fire Extinguishers	☐	Smoke Alarms	☐	Gas Fire Suppression
☐	Hydrants	☐	Hose Reels	☐	Roller Shutters
☐	Iron Bars / Grilles on all Windows				

Watchmen	☐ None ☐ 24 hour security guard
Security Alarm	☐ None ☐ Monitored ☐Unmonitored
Portable Equipment Sum Insured	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ S$20,000 ☐ Other: ___
Territorial Limits	☐ Singapore ☐ Worldwide
Any on-site item valued over S$10,000?	☐ Yes ☐ No
Any portable item values over S$10,000?	☐ Yes ☐ No

If Yes, please enter Description of the Item, Year of Manufacture, Value, Serial Number, whether the item is maintained according to manufacturer's instructions

Description	Year of Manufacturer	Value	Serial Number	Maintained according to manufacturer instructions
				☐

				☐
				☐
				☐
				☐

Deductibles

Material Damage (excluding portable equipment)	☐ S$100 ☐ S$500
Portable Equipment	☐ S$100 ☐ S$500

Extensions

Rewriting of Records Sum Insured	☐ Not Required ☐ S$1,000 ☐ S$2,000 ☐ S$5,000
Deductible	☐ S$100 ☐ S$500
	Data Backup Frequency:
Data Backup Off-site Storage	☐ Yes ☐ No
ICOW Sum Insured	☐ Not Required ☐ S$5,000 ☐ S$10,000 ☐ S$20,000
Time Deductible	☐ 3 days ☐ 7 days ☐ 14 days ☐ 28 days
Indemnity Period	☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months

4. Fidelity: ☐ Yes ☐ No (If Yes, please provide details below)

Limit of Liability Per Event and in the Aggregate	☐ S$1,000 ☐ S$2,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___

Category of Employees

☐ Professional, Executive, Management	Number of Employees:	
	Limit of Liability Per Employee	☐ S$500 ☐ S$1,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
☐ Staff with access to money	Number of Employees:	
	Limit of Liability Per Employee	☐ S$500 ☐ S$1,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
☐ Staff without access to money	Number of Employees:	
	Limit of Liability Per Employee	☐ S$500 ☐ S$1,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
Deductible	☐ S$100 ☐ S$500	

5. Group Personal Accident: ☐ Yes ☐ No (If Yes, please provide details below)
(*Subject to an Aggregate Limit of Indemnity at S$1,000,000)

Cover Type	☐ Named ☐ Unnamed (select one only)
Please provide details of employee categories	
No. of Employees	
Weekly Indemnity (TTD / TPD)	☐ 50 / 25 ☐ 100 / 50 ☐ 150 / 75 ☐ 250 / 125 ☐ 500 / 250 ☐ 1,000 / 500
*Accidental Death and Permanent Disablement	☐ S$50,000 ☐ S$100,000 ☐ S$150,000 ☐ S$200,000
Accidental Medial Reimbursement	☐ S$500 ☐ S$1,000 ☐ S$1,500 ☐ S$2,000 ☐ S$3,000

Any employee undertakes hazardous activities?	☐ Yes ☐ No
	If Yes, please provide details:

6. Inland Transit: ☐ Yes ☐ No (If Yes, please provide details below)

Cover Type	☐ Fire, Collision and Overturning ☐ All Risks
Limit of Liability per Sending	☐ S$2,000 ☐ S$5,000 ☐ S$10,000 ☐ Other: ___
Type of Goods	
Hazardous Goods	☐ Yes ☐ No
	If Yes, please provide details:
Deductible	☐ S$100 ☐ S$500

FINANCIAL INTEREST

1. Financial Interest. If any, please provide details below.

Name		Nature of Interest	
Block		Street No. and Name	
Unit No.		Building Name	
Postal Code			

2. Item of Interest

Policy / Section / Location		Amount of Interest	

Policy / Section / Location	Item Description	Unit No.	Amount of Interest

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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.aig.com.sg or www.gia.org.sg or www.sdic.org.sg).

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