



Note: Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in the application, 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.

ERECTION ALL RISKS PROPOSAL FORM

1. Name of Principal _____
2. Name of Contractor _____
3. Title of Contract _____
4. Location of Erection Works _____
5. i) Total Contract Price _____
ii) Please provide a breakdown (calculation) of the Contract Price

6. Is there any existing plant/structure or surrounding property in your possession care, custody or control at the site or adjacent? Yes No
If so, please specify including values.

7. Is the Principal's property to be covered under the insurance? Yes No
If so, please specify including values.

8. Please provide the Bar Chart or time schedule giving phase of work
 - i) Construction Period From _____ To _____
 - ii) Maintenance Period _____ months
 - iii) Testing Period _____ months
 - iv) Nature of Testing _____
 - v) Testing is on new machinery or used machinery? _____



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- vi) If there will be any sectional/phased handover, please outline. _____
9. Describe in detail the type, age and value of plant and machinery to be installed / erected.
- _____
- _____
- _____
- _____
10. Will the premise be occupied or vacant during installation / erection period?
- Yes No
11. What is the occupancy of the location of erection works?
- _____
- _____
12. What is the limit of indemnity required under third party liability section?
- _____



We hereby declare that the statements made by us in this Questionnaire are, to the best of our knowledge and belief, complete and true and we hereby agree that this Questionnaire forms the basis of any Policy issued in connection with the above risk(s). The Insurers undertake to deal with this information in strict confidence.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- (d) Managing AIG's infrastructure and business operations; and
- (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at http://www.aig.com.sg/sq-privacy_1030_237853.html before you provide your consent, and/or the above representation and warranty.

Executed at : _____
Date Proposer Name / Signature / Company Stamp

Producer Name: _____ Code: _____ Contact: _____