

## BizAssurance Table of Limits: Office/ Clinic

Coverage	Standard Plan	Deluxe Plan	Top-Up Coverage	Top-Up Rate	Top-Up Premium
1. Fire & Extraneous Perils (On Contents & Stock-In-Trade)	S\$ 50,000	N.A.	S\$ _____ (Max. Top-Up Limit: S\$ 450,000)	0.06%	
2. Consequential Loss (S\$ 250 Per Day Up To 60 Days)	S\$ 15,000	S\$ 15,000	N.A.	N.A.	
3. Theft & Hold-Up	S\$ 25,000	N.A.	S\$ _____ (Max. Top-Up Limit: S\$ 125,000)	0.10%	
4. Workmen's Compensation	Up To 4 Employees	Up To 4 Employees	Additional Employees: _____ (Max. Top-Up Limit: 6 Employees)	S\$ 20 Per Additional Employee	
5. Public Liability (Any One Occurrence & Unlimited Any One Policy Period)	S\$ 250,000	S\$ 250,000	S\$ _____ (Max. Top-Up Limit: S\$ 750,000)	S\$ 17.50 Per Additional S\$ 250,000	
6. Money: - Money In Transit	S\$ 3,000	S\$ 3,000	S\$ _____ (Max. Top-Up Limit: S\$ 7,000)	0.60%	
- Money In Premises	S\$ 3,000	S\$ 3,000	S\$ _____ (Max. Top-Up Limit: S\$ 7,000)	0.60%	
- Money Kept In Locked Drawers/ Safes After Business Hours In Proprietor's/ Partner's/ Director's Residence	S\$ 1,000	S\$ 1,000	N.A.	N.A.	
7. Plate Glass	S\$ 2,500	S\$ 2,500	S\$ _____ (Max. Top-Up Limit: S\$ 7,500)	0.50%	
8. Personal Accident On Life Of Named Proprietor/ Partner/ Director (Age Not Exceeding 70 Years Old)	S\$ 30,000 (For 1 Person)	S\$ 30,000 (For 1 Person)	Additional Person(s): _____ (Max. Top-Up Limit: 2 Persons With Sum Insured of S\$ 30,000 Each)	S\$ 18 Per Additional Person	
9. All Risks (On Contents & Stock-In-Trade) Excess: S\$ 250 Each & Every Loss	N.A.	S\$ 50,000	S\$ _____ (Max. Top-Up Limit: S\$ 450,000)	0.15%	
10. Fidelity Guarantee (Any One Occurrence & In Aggregate)	Optional	Optional	No. Of Person(s): _____ (Max. Limit: 5 Employees With Limit of Indemnity at S\$ 2,500 Each)	S\$ 30 Per Employee	
11. Fire & Extraneous Perils On Building	Optional	Optional	S\$ _____ (Max. Limit: S\$ 1,000,000)	0.04%	

<b>Premium</b>	<b>S\$ 180</b>	<b>S\$ 220</b>
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<b>Total Top-Up Premium</b>	
<b>Standard/ Deluxe Plan #</b>	<b>S\$ 180/ S\$ 220</b>
<b>Total Premium</b>	<b>+ GST</b>

**Note:** \* This is not a contract of insurance. The specific details applicable to this insurance are set out in the Policy, its Schedules and Endorsements.

\* Premium are based on per location basis unless units are adjoining.

\* Top-Up coverage are to be rounded up to the nearest thousand.

#Please delete where appropriate.

## BizAssurance Proposal Form

Agency Name/ No.: \_\_\_\_\_

**Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this proposal form fully and faithfully, all the facts you know or ought to know, otherwise the policy issued hereunder may be void and you may receive nothing from the policy.**

### PROPOSER'S PARTICULARS

Insured: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business/ Trade: \_\_\_\_\_

Insured Location *(if different from address given above)*: \_\_\_\_\_

\_\_\_\_\_

Period of Insurance *(dd/mm/yy)*: From \_\_\_\_\_ To \_\_\_\_\_

## TYPE OF COVER

Please check (✓) where applicable.

### Type of Business:

Office/ Clinic       Shop/ Retailer       Eating House/ Restaurant

### Plan:

Standard       Deluxe

Please refer to Table of Limits for any top-up coverage and rates.

*Note: The duly completed Table of Limits should be read in conjunction with and deemed to be part of the proposal form.*

### Optional Cover:

Fidelity Guarantee

No. of Person(s): \_\_\_\_\_

*(Max. Limit: 5 employees with Limit of Indemnity at S\$ 2,500 each)*

Please provide details of the employee(s) insured.

NAME	NRIC/ PASSPORT NO.	DATE OF BIRTH	DESIGNATION

Fire & Extraneous Perils on Building

Sum Insured: S\$ \_\_\_\_\_ *(Max. Limit: S\$ 1,000,000)*

## OTHER INFORMATION

Please check (✓) where applicable.

1. Please provide details of the proprietor/ partner(s)/ director(s) to be insured under Section 8 – Personal Accident.

NAME	NRIC/ PASSPORT NO.	DATE OF BIRTH

2. Do you owned the insured building ?

Yes     No

3. Do you solely occupy the insured premises ?

Yes     No (If not, please state their business(es): \_\_\_\_\_ )

4. What are the security systems present in the insured building/ premises ?

Fire Alarm System       Grilled Windows/ Doors       Fire Extinguisher  
 Burglary Alarm System     Sprinkler System               Fire Hose Reel  
 Others: \_\_\_\_\_

## CHOICE OF PAYMENT

Please check (✓) where applicable.

Please charge S\$ \_\_\_\_\_ to my Visa/ Master Credit Card

Card No.:

Expiry Date (mm/ yy):

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Signature of Cardholder

Bank : \_\_\_\_\_

Cheque No.: \_\_\_\_\_

(Cheque to be made payable to: OAC Insurance)

## DECLARATION

1. We are located in a building of brick and concrete construction.
2. All the persons proposed for Personal Accident cover are below 70 years old, in good health and have no personal infirmity whatsoever.
3. We have not suffered any loss or damage for any of the risks now proposed during the last 3 years.
4. No insurance company has declined or imposed any special terms on any of our previous insurances.

I/ We declare that the above statements are true and complete to the best of my/ our knowledge.  
I/ We agree that this Proposal and Declaration shall be the basis of the contract between me/ us and The Overseas Assurance Corporation Limited. This insurance policy will not be in force until the proposal has been accepted by The Overseas Assurance Corporation Limited.

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*Signature of Proposer & Company Stamp*

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*Date*