

## Basic Plan

PLAN COVERAGE	SUM INSURED
Building (1st loss) (Including renovations, fixtures and fittings)	S\$80,000
Contents (1st loss) The total amount payable on your valuables is subject to a maximum of 25% of the contents sum insured in the aggregate and limited to S\$2,000 per article	S\$20,000
EXTENDED BENEFITS	
Worldwide Personal Liability (Insured and/or Spouse)	S\$350,000
Worldwide Personal Accident Insured Spouse	S\$10,000 S\$10,000
Medical Expenses (Insured and/or Spouse)	S\$1,000
Alternative Accommodation/Loss of Rent 10% of Building sum insured subject to a maximum of S\$20,000	S\$8,000
Professional Fees 10% of Building sum insured	S\$8,000
Replacement of Locks and Keys	S\$300
Removal of Debris	S\$750
Food and Drinks in the Refrigerator or Freezer	S\$200
ANNUAL PREMIUM* FOR BASIC PLAN	S\$66

\*Subject to prevailing GST rate

OPTION			
Top-Up of Coverage	Sum Insured	Rate	Premium
Building (1st Loss) (Including renovations, fixtures and fittings)		0.05%	
Contents (1st Loss)		0.25%	
<b>Premium for Top-Ups (before GST)</b>			<b>S\$</b>
<b>Total Gross Premium (before GST)</b>			<b>S\$</b>
<b>Add GST</b>			<b>S\$</b>
<b>Total Premium Payable</b>			<b>S\$</b>

## OAC HomeCover Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, in respect of the risk that is being proposed, otherwise the Policy issued hereunder may be void.

Note: Please complete all sections where applicable. This policy is subject to the Payment Before Cover Warranty Clause which requires the premium to be paid and received on or before the inception date of the policy and endorsement.

Agent Name/Code: \_\_\_\_\_

### PROPOSER'S PARTICULARS

Name: (Mr/Mrs/Miss/Mdm/Dr)\* \_\_\_\_\_ Gender: M / F\*

NRIC/Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Contact No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

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

### DETAILS OF PROPERTY TO BE INSURED

Location (if different from above): \_\_\_\_\_

Postal Code: \_\_\_\_\_

### Type of Property

HDB/HUDC Flats  Apartment/Condominium

Period of Insurance: From DD/MM/YY to DD/MM/YY

### PAYMENT MODE

Total Annual Premium Payable (Inclusive GST): S\$ \_\_\_\_\_

Cash  Cheque (to be made payable to OAC Insurance)

Credit Card: VISA/MasterCard\* Expiry Date: MM/YY

\_\_/\_\_/\_\_ - \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_

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

NRIC/Passport No.: \_\_\_\_\_

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

Date \_\_\_\_\_

### DECLARATION

I/We declare that the above statements are true and correct and that they shall be the basis of the contract of insurance between the Corporation and myself.

Signature of Proposer / Date \_\_\_\_\_

\*Please delete where appropriate.