

## Fire Insurance Proposal Form

### Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company
  - a) before the inception date where the Policy is issued to an Individual; or
  - b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

Intermediary's Name / Code: \_\_\_\_\_

THE PROPOSER		
Name (in full):		
Business Address:		
Business Description or Profession:		
ROC/UEN*: <i>*Unique Entity Number</i>	Website:	Email:
Tel (Office):	(Residence):	(Mobile):
Period of Insurance: From _____ to _____ (both dates inclusive)		
Risk Address/Location:		
Name of Mortgagee(s)/Finance Company (if any):		
PROPERTY TO BE INSURED	AMOUNT TO BE INSURED	
On Building only (excluding foundations)		
On _____ Months' Rent		
On Machinery & Utensils		
On Furniture, Fixtures and Fittings, Office Contents		
On Household Goods & Personal Effects (excluding Jewelry)		
On Stock-In-Trade		
On Others: please specify <i>(To use separate sheet if insufficient space)</i>		
<b>TOTAL SUM INSURED</b>	<b>S\$</b>	

1. Type of Construction of Building & number of storeys (eg. Class I, Class II, Class III)  
Walls: Concrete/Stone/Brick/Iron sheets or Timber etc.  
Roof: Tiles/Asbestos cement/Zinc or Attap etc.

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2. For what purpose are the premises occupied? Residence/Dwelling/Office/Shop/Godown/Warehouse or Factory  
(a) if used as Shop/Godown, state nature of stock

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(b) if used as factory, state nature of goods manufactured

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3. What fire extinguishing facilities exist within the premises?

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4. Are there any other occupants on the premises? Please give details.

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5. Is the building detached, semi-detached or terrace?

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6. Have you or your landlord been served with a notice of Acquisition under the Land Acquisition Act?

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7. Is your building subdivided within the meaning of the Building Maintenance and Strata Management Act 2004?  
If yes, please specify MCST No.

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8. Have you ever had any losses by fire or any of the perils for which you require cover? If yes, please give details.

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9. Has the insurance now proposed been declined by any other insurance company?

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10. Is there any co-insurance? If yes, please specify name of insurance company and amount insured.

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**DECLARATION**

I/We agree that this Proposal shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo").

I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg)

I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at [www.sompo.com.sg](http://www.sompo.com.sg)

I am/We are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

\_\_\_\_\_  
Company Stamp and/or Signature of Proposer

\_\_\_\_\_  
Date

Name of Authorised Signatory:

Designation: