

Application for Money insurance

Statement pursuant to Section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of proposer

Name of proposer	Unique Entity No. (UEN)
Correspondence address of proposer	Type of business/trade
Contact number (Hand phone) (Office) (House)	Email
Address of premises to be insured	Period of insurance (dd/mm/yyyy) From to

Details of insurance required

Interest to be insured	Amount to be insured
Money in transit between insured premises and the bank or post office and vice versa. Please state estimated amount in transit annually: \$ _____	\$
Money in premises, locked safe and/or strongroom/locked drawer(s) and locked cash register(s) in and out of business hours.	\$
Others (please specify)	\$
TOTAL	\$

Note: 1. Crossed cheques, crossed money orders and crossed postal orders are not covered unless specifically mentioned.

2. If money in locked safe is to be insured, please state the details of safe: Weight: _____ Make: _____

Description of risk and other particulars

1. How often is money being banked and/or withdrawn from the bank? <input type="checkbox"/> daily <input type="checkbox"/> once or thrice weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly
2. How is the journey to deposit and/or withdraw money being made? <input type="checkbox"/> on foot <input type="checkbox"/> by public conveyance <input type="checkbox"/> by private conveyance
3. Have you sustained a loss of the kind to be insured? If "Yes", please give details. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a Fidelity Policy covering the employees entrusted with the money? If "Yes", please state name of insurer. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any insurer decline to insure you against the risk proposed hereunder? If "Yes", please give details. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you wish to insure against personal injury consequent upon assault by thieves? If "Yes", please provide number of employee and occupation of employee. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you the sole occupant? If "No", please give details of other occupant. <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration by proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/We accept full responsibility for them.

I/We have not withheld any material information. I/We agree that this application and other written statement, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and Income.

I/We acknowledge that the liability of Income does not commence until this application has been accepted and the premium paid and received in full by Income.

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the intermediary but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of proposer & company's stamp

Date (dd/mm/yyyy)

For official use

Adviser's name	Adviser's code	Date (dd/mm/yyyy)	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Policy No.	Premium	Remarks	