

A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH LOCATION

**Statement Pursuant to Section 25(5) of the Insurance Act (Cap 142) (Republic of Singapore)**  
You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know. Otherwise the Policy issued hereunder may be void.

Please complete this Proposal Form carefully, answering ALL Questions. Use a tick (x) where appropriate and if handwritten, please use CAPITAL LETTERS. It is important that a complete answer be given to every question, including dates where applicable. Any question not answered on this Proposal Form will be taken as an answer in the negative.

1. PARTICULARS OF PROPOSER		POLICY NO :
A. Name of Proposal (in full)		A. [REDACTED]
B. Address		B. [REDACTED]
C. Situation of Premises for which the insurance is required		C. As above
D. How long have you carried on business.		D. In this premises Elsewhere <u>12 years</u> <u>8 years</u>
E. Period of Insurance		E. From <u>28 Jan 16</u> to <u>26 Jan 17</u>
2. PARTICULARS OF PROPOSER'S BUSINESS		
A. Nature of your business		A. (1) <input type="checkbox"/> Goldsmith <input type="checkbox"/> Jeweller <input type="checkbox"/> Watch Dealers <input checked="" type="checkbox"/> Others, please specify <u>money changer</u> (2) <input checked="" type="checkbox"/> Retail <u>50</u> % <input type="checkbox"/> Wholesale <u>5</u> % <input type="checkbox"/> Manufacturing % <input type="checkbox"/> Others, please specify %
B. (1) How many employees have you in total? (2) How many employees are in the retail section?		B. (1) <u>8</u> (2) <u>3</u>

C. On what basis do you require claims to be settled?	C. Gold <input type="checkbox"/> Market Replacement Value <input type="checkbox"/> At Cost Jewellery & Others <input checked="" type="checkbox"/> At Cost	
N.B. Unless otherwise agreed on the Policy, claims in respect of your own stock will be settled on the basis of cost price. All figures completed in this Proposal must reflect the basis of valuation required.		
D. What was the average total value during the last twelve months of (1) Your own stock and bank notes? (The stock figure is to be declared on the basis of cost price or on the basis as in question D above)  (2) Goods in trust (other than for safe custody) goods on approval, repairs and the like?  The total number (1) and (2) comprises approximately - Jewellery, gold and platinum goods, bullion, precious stones & pearls - Watches - Clocks, Silverware, plateware, and other similar goods	D.  (1) SGD      } } SGD }  (2) SGD      } }  TOTAL SGD  <input type="checkbox"/> SGD <input type="checkbox"/> SGD <input type="checkbox"/> SGD	
E. What was the maximum value of your stock and goods in trust (other than for safe custody) and bank notes at any time during the last twelve months?	E. SGD	
F. (1) What will be the MAXIMUM VALUE of all watches, jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) OUT OF LOCKED SAFE OR STRONGROOM?  (2) Single Article Limit	F. Outside business hours      During temporary closing  (1) SGD      No temporary closing  (2) SGD      nil      No temporary closing	
<b>3. PARTICULARS OF PREMISES</b>		
A. How are premises constructed? (1) Roof (2) Wall (3) Floor	A.  (1) <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Tile (2) <input checked="" type="checkbox"/> Concrete/Bricks <input type="checkbox"/> Plate Glass <input checked="" type="checkbox"/> Wood / Gypsum <i>Wood with metal plate</i> (3) <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Wood	

B. (1) Are the premises occupied solely by you? If 'No', furnish details of other occupants.	B. (1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Joint Tenant _____
(2) Are the premises occupied at night? • By Proposer? • By employer or caretaker	(2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. How old is the building in which the premises are situated?	G. > 40 years
D. (1) Specify locality of premises : (2) Are there any special hazards pertaining to the locality of the premises?	D. (1) (2)
E. Describe occupancy of adjoining premises : (1) On the right (2) On the left (3) Behind	E. (1) coin collectible (2) Bidness (3) N/A
F. Are there any watchmen/security guards looking after the insured premises?	F. <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Display Window / Showcase How many (1) Windows facing thoroughfare? (2) Wall Showcases? (3) Counter showcases?	G. (1) (2) (3)
H. Display Window and Showcase Protection (Please indicate protection by ticking in appropriate boxes.) (1) Are display windows protected by :  (2) Are the rear of display windows protected by :  (3) Are wall showcases protected by :	H. (1) <input type="checkbox"/> Laminated glass (internal laminated thickness _____) <input type="checkbox"/> Normal glass (thickness _____) <input checked="" type="checkbox"/> Tampered glass  (2) <input type="checkbox"/> Laminated glass (internal laminated thickness _____) <input type="checkbox"/> Normal glass (thickness _____) <input checked="" type="checkbox"/> Tampered glass <input type="checkbox"/> Keylocks  (3) <input type="checkbox"/> Laminated glass (internal laminated thickness _____) <input type="checkbox"/> Normal glass (thickness _____) <input checked="" type="checkbox"/> Tampered glass <input type="checkbox"/> Keylocks

(4) Are counter showcases protected by :	(4) <input type="checkbox"/> Laminated glass (internal laminated thickness _____) <input type="checkbox"/> Normal glass (thickness _____) <input type="checkbox"/> Internal lateral iron grilles within showcases <input type="checkbox"/> External Vertical iron grilles from top of counter showcase to ceiling <input checked="" type="checkbox"/> Tempered glass <input type="checkbox"/> Others, please specify _____
(5) Are the rear of counter showcases protected by :	(5) <input type="checkbox"/> Iron grilles <input type="checkbox"/> Wooden flap with keylocks <input type="checkbox"/> Wooden flap with latch locks <input type="checkbox"/> Drawer with keylocks <input type="checkbox"/> Others, please specify _____
I. Give maximum values which will not be exceeded of:	I. During business hours      Outside business hours
(1) (i) Any one window facing thoroughfare (ii) In all windows facing thoroughfare (iii) Any one wall showcase (iv) In all wall showcases	(1) (i) SGD 500k      (1) (i) SGD Nil (ii) SGD      (ii) SGD (iii) SGD      (iii) SGD (iv) SGD      (iv) SGD
(2) Any one article	(2) SGD      (2) SGD
(3) Any one pad or tray of articles	(3) SGD      (3) SGD
J. Display Window Protections  At Night and at all other times when premises are not open for business	J.  (a) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) <input checked="" type="checkbox"/> Roller Shutter with Shutter contact <input type="checkbox"/> Others Please specify _____ (c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Details _____
<b>4. GENERAL PROTECTIONS OF THE PREMISES</b>	
A. Give full details of the following and how they are protected:	A.
(1) Main door (2) Inner door (3) Rear door (4) All windows other than Display Windows	(1) shutter grille (2) Tempered glass (3) N.D. (4) P.A.

(5) All skylights or fanlights or roof openings (6) Are Sprinklers installed in the premises?		(5) (6) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. Safes</b> Please give following details : (1) Name of Manufacturer, type and model of safe (2) Size, weight and safety degree (3) Year of Manufacture (4) Number of keys and where they are kept (5) How many persons are authorized to operate the locking system? (6) Is the safe anchored to the floor or "bricked in"? If 'Yes' please specify details. (7) How many persons know the number combination? (8) Has a time-lock been fitted? If 'Yes', specify brand/Manufacturer		B. (1) Chubbs (2) (3) (4) 2 with copykey and Master (5) 2 (6) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details It is very heavy (7) See 4B(5) above 2 (8) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Brand
<b>C. Strong Rooms</b> Is there a Strong Room? If 'Yes', give following details : (1) Type and name of manufacturer (2) How many persons are authorized to operate the locking system? (3) Number of keys and where they are kept (4) How many persons know the number combination? (5) Has a time-lock been fitted? If 'Yes', specify brand / manufacturer		C. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (1) (2) (3) (4) (5) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Burglar Alarm</b> (1) Is there a Burglar Alarm? If 'Yes', please answer the following : (2) Type and Name of Manufacturer (3) The alarm signals :		D. (1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> ADEMCO <input type="checkbox"/> CISCO <input type="checkbox"/> APRO <input type="checkbox"/> DIGITAL <input checked="" type="checkbox"/> CHUBB <input type="checkbox"/> WORMALD <input type="checkbox"/> Others, please specify _____ (3) <input type="checkbox"/> A local acoustic alarm <input checked="" type="checkbox"/> Connected to the Central Station of any of the following security organizations namely: <input type="checkbox"/> ADEMCO <input type="checkbox"/> CISCO <input type="checkbox"/> APRO <input type="checkbox"/> DIGITAL <input checked="" type="checkbox"/> CHUBB <input type="checkbox"/> SECURITY ENRG <input type="checkbox"/> Others, please specify _____

(4) How is the alarm system connected to the Central Station?	(4) <input checked="" type="checkbox"/> Local Leased Line	
	<input type="checkbox"/> Direct Exchanged Line	
(5) Specify details of system in the burglar alarm :	(5) <input checked="" type="checkbox"/> Door Contacts No: _____	
	<input checked="" type="checkbox"/> Roller Shutter Contacts No: _____	
	<input type="checkbox"/> Infra-red beams No: _____	
	<input type="checkbox"/> Ultrasonic detector No: _____	
	<input checked="" type="checkbox"/> Motion detector No: _____	
	<input checked="" type="checkbox"/> Seismic detector No: _____	
	<input checked="" type="checkbox"/> CCTV Camera No: _____	
	<input type="checkbox"/> Burglary guards No: _____	
	<input type="checkbox"/> Glass Sensors No: _____	
	<input checked="" type="checkbox"/> Panic Buttons No: _____	
	<input type="checkbox"/> Others, please specify _____	
(6) Is the system maintained under contract. If 'Yes', by whom?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Name of Company _____	
(7) Are there any other special means of protection? If 'Yes' give details.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Details : _____	

#### 5. OUTDOOR RISK

Give the following particulars in respect of stock and merchandise (including goods in trust and bank notes) which will be carried outside the Premises stated under Question 1C by yourselves and your employees :

A. Whilst in transit and whilst in any premises (other than those stated under Question 1C and 5B) within Singapore

- |   |                    |
|---|--------------------|
| (1) Maximum amount in transit any one journey and in any one premises | SGD <u>200,000</u> |
| (2) Estimated total amount in transit annually                        | SGD <u>240 m</u>   |
| (3) Names of such persons holding the property :                      | _____              |
|   | _____              |

B. Whilst in the private residence of your Principal Employee (Director) or Proprietor or Partner

nil

Name	Address	Maximum Amount	Full Details of Safe or any Other Protection

C. Entrustments  What was the estimated value entrusted to dealers, customers, repairers, cutters and brokers during the past 12 months?	C.  (1) Average SGD _____  (2) Maximum SGD _____ at any one time. Unless otherwise stated, the maximum amount of entrustment stated under Questions C (2) will be taken as the amount for which Policy is required.
D. How often are property insured transported?	D. <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly  <input type="checkbox"/> Others, please specify: _____
E. Is transport carried out by:-	E. <input checked="" type="checkbox"/> Company employees <input type="checkbox"/> Director / Partner <input type="checkbox"/> Authorised representatives
F. Number of persons in escort, (Specify age and sex)	F.
G. Are the people escorting:-	G. <input type="checkbox"/> Selected <input type="checkbox"/> Specially Trained
6. OTHER INFORMATION	
A. Do you keep proper records of all sales purchases and transactions?	A. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. When was your last annual stocktaking?	B. 31 Dec 2015
C. Have you ever sustained any loss or losses within the last five years? If 'Yes', give details including the amount of each loss, and, if insured, whether paid in full or otherwise.	C. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Date of Loss : _____  Type of Loss : _____  Amount of Loss : _____  Amount Paid : _____
D. Is it your practice to give receipts for goods left with you by non-trade customers, for repair, valuation, sale, or any other purpose and to require surrender of such receipts before goods are returned to the customer?	D. <input type="checkbox"/> Yes <input type="checkbox"/> No  N.B.
E. Do you use entrustments/approbation notes in respect of all entrustments?	E. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  N.B.
F. Have you previously been insured? If 'Yes', state name of Insurer, risk covered and for what amount.	F. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Insurer: XL Insurance Type of Cover: Money Changer Amount: 1.5m
G. Have you ever had a Proposal or Renewal of Insurance declined or Policy cancelled, or Renewal invited at increase rate? If 'Yes' state name of Insurer and full particulars in each case	G. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Insurer: _____ Details: _____
H. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?	H. Not to our knowledge

I. Unless proposing for renewal, please give TWO references FROM YOUR TRADE.	L. (1)
	(2)
7. SUM INSURED	
State amount of insurance required in respect of:	
A. Stock & Merchandise used in the conduct of the Insured's business and Bank Notes Whether the Property of the Insured or entrusted to the insured	
(1) Whilst contained in the <u>Premises</u> as stated under Question 1C <u>during Business Hours</u>	SGD 1,650,000
(2) Whilst contained in the <u>Premises</u> as stated under Question 1C <u>out of Business Hours</u> not kept in locked safe or strongroom	
i) Single Article	SGD
ii) Total Value	SGD
(3) Whilst in the display <u>window facing thoroughfare</u> during Business Hours / out of Business Hours	
During Business hours	
i) Each Window	SGD N.A
ii) All Windows	SGD
Out of Business Hours	
iii) Each Window	SGD
iv) All windows	SGD
(4) Elsewhere other than at the Premises or within any Bank or Safe Deposit Vault in Singapore	SGD nil
(5) Whilst <u>entrusted</u> to dealers, repairers, cutters, brokers and craftsmen	SGD nil
B. On Trade and Office Furniture, Fixtures and Fittings, Machinery, Plant, Safes Alarm System, Tenants' decorations and improvements, and all other Contents (except your stock and goods in trust) at your premises against the risks of Fire, Lightning, Explosion, Aircraft, Burglary or Theft or any attempt therat, Storm, Tempest, Flood or Bursting or Overflowing or Leakage of Water Pipes or Apparatus, or Impact by any road vehicle, not belonging to or under your control	SGD
TOTAL SUM INSURED [A(1) + B]	
SGD 1,650,000	

#### DECLARATION

I/We hereby warrant that the above statements and particulars are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract between me/us and LIBERTY INSURANCE PTE LTD. I/We agree to accept a policy subject to the terms and conditions prescribed by the Company and expressed in the policy.

I/We agree and undertake that if this Insurance is completed the protections and/or safe guards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without its consent.

I/We agree that any person filing in completing or assisting in the completion of this proposal form wholly or in part does so as my/our agent and not that of LIBERTY INSURANCE PTE LTD.