

BizSupreme Office Package

SECTION A – Basic Coverage			SECTION B – Top-Up Coverage		
	Standard Plan Sum Insured	Deluxe Plan Sum Insured	Top-Up Sum Insured	Top-Up rate	Top-Up Premium
1. Fire & Extraneous Perils on Contents & Stock-in-Trade	S\$100,000	Covered Under All Risks	S\$ _____ (Up to S\$900,000)	0.06%	
2. Theft & Hold Up	S\$50,000 (first loss basis)	Covered Under All Risks	S\$ _____ (Up to S\$450,000)	0.10%	
3. All Risks on Contents & Stock-in-Trade	Not Applicable	S\$100,000 (Full Theft up to S\$50,000)	S\$ _____ (Up to S\$900,000)	0.15%	
4. Daily Benefits	S\$25,000 (S\$250 per Day up to 100 Days)		S\$ _____ per day (Up to additional S\$100 per day)	S\$10 per S\$50	
5. Public Liability	- S\$500,000 Any One Occurrence - Unlimited Any One Period		S\$ _____ (Up to S\$4,500,000)	S\$15 per S\$250,000	
6. Money: a) Money in Transit b) Money in Premises c) Money kept in locked drawer/safe after business hours in residence of partners/directors	a) S\$5,000 b) S\$5,000 c) S\$500		a) S\$ _____ (Up to S\$5,000) b) S\$ _____ (Up to S\$5,000) c) Not Applicable	a) 0.50% b) 0.50% c) Not Applicable	
7. Plate Glass	S\$5,000		S\$ _____ (Up to S\$5,000)	0.50%	
8. Personal Accident on the life of any one of the named partner/director (Age not exceeding 70 years old)	S\$50,000		No: _____ of additional persons (Up to 2 persons)	Additional Persons: S\$25 each	
9. Daily-in Hospital Income for the partner/director insured under Section 8	Not Applicable	S\$100 Per Day (up to 60 Days)	Not Applicable		
[a] Basic premium for SECTION A (Please tick one)	<input type="checkbox"/> S\$138	<input type="checkbox"/> S\$179	[b] SECTION B premium for Top-Up	S\$	

SECTION C – Optional Coverage	Standard Plan / Deluxe Plan Sum Insured		Top-Up	Top-Up rate	Optional Cover Premium
10. Fidelity Guarantee	Limit: S\$5,000 Any one occurrence & in the aggregate		No: _____ of employee (Up to 10 employees)	Each Employee: S\$25 each	
11. Fire & Extraneous Perils on Building			S\$ _____ (Up to S\$3,000,000)	0.04%	
12. Work Injury Compensation (WIC) ** Estimated Annual Earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but excluding travelling allowances and employers' CPF contributions	Occupation Category	Headcount	Estimated Annual Earnings** (Total up to S\$500,000)	Rate	Premium (Min. premium S\$30)
	- Management / Admin / Accountant	_____	S\$ _____	0.10%	S\$ _____
	- Outdoor Sales	_____	S\$ _____	0.25%	S\$ _____
	- Office Cleaners	_____	S\$ _____	0.30%	S\$ _____
	- Dispatch / Chauffeur	_____	S\$ _____	0.50%	S\$ _____

Excluded Business/Risks
<ul style="list-style-type: none"> Outside of Singapore Premises which are part of a more extensive premises used mainly for industrial, manufacturing, assembly, warehousing/wholesale purpose Premises not of Class 1 construction and/or shared premises and/or multi tenanted Risks on board vessels Pre-war premises Where the property is kept in the open or without perimeter fence and/or security

[c] SECTION C premium for Optional Coverage	S\$
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TOTAL PREMIUM [a] + [b] + [c]	
PREVAILING GST	
TOTAL PREMIUM PAYABLE (Inclusive of GST)	

Important Notes:

1. This product brochure is not a contract of insurance. The specific details applicable to this insurance are set out in the Policy Document, its Schedule and Endorsement.
2. Premium is based on per location basis unless units are adjoining.
3. Top-Up coverage is to be rounded up to the nearest thousand.
4. Prices are quoted in Singapore Currency.
5. Information is correct as at 26 August 2025

BizSupreme Office Proposal Form

Important Notice

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW. OTHERWISE, YOU MAY RECEIVE NOTHING FROM THIS POLICY.

Particulars of the proposer

Name of Insured:		Business Registration (UEN) No:	
Correspondence Address:			Postal Code:
Telephone No.: (Office)	(Mobile)	Email:	
Location of Insured Property:			Postal Code:
Nature of Business:		Last reported Revenue (in SGD, YYYY):	
SSIC Code: (Primary)	(Secondary)		

Period of Insurance

From:	(dd/mm/yyyy)	To:	(dd/mm/yyyy)
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Details of the premises

1. Is the Insured premises constructed of brick, tile or concrete? Yes No
2. Does the Insured solely occupy the insured premises? Yes No
If "No", please state the business of the neighbour(s): _____
3. Please tick on the appropriate fire preventive & security system in the premises.
Fire Preventive Systems:
 Fire Alarm System Fire Extinguisher Sprinkler System Fire Hose Reel
 Others (Please give details): _____
 Security Systems:
 CCTV Burglary Alarm System Grilled Windows/Doors 24-hour Security Guard
 Others (Please give details): _____
4. What is the type of property to be insured?
 Commercial Building Industrial Building Shopping Mall Pre-war Building HDB Shop
 Others (Please give details): _____
5. Does the Insured building hold Green Building Certification?
 Unknown No Yes; Please provide Certificate Name, Award & Cert Year: _____

Personal Accident (Details of the proprietor/partner(s)/director(s) to be insured under this Section)

Full Name (As per NRIC)	Gender	Nationality	NRIC/Passport No.	Date of Birth (dd/mm/yyyy)

Fidelity Guarantee (Details of the insured person(s) under this Section)

Full Name (As per NRIC)	Gender	Nationality	NRIC/Passport No.	Date of Birth (dd/mm/yyyy)

Proposer's Declaration

By submitting this Application Form, I/we hereby declare the following:

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

I/We declare that the particulars and statements given by us are true, correct and complete, and I/we agreed that this proposal shall be the basis of the Contract of Insurance between me/us and Great Eastern General Insurance Limited ("GEG").

I/We agree to accept the policy issued hereunder subject to the terms and conditions expressed therein and warrant that I/we have not withheld any material information relevant to this proposal.

Policy Application, Service and Administration

By providing the information set out above, I/we agree and consent to GEG, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which

I am/we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greatasterlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Signature of Proposer & Company Stamp		Agent Name:
Date		Agent Code:

