BIZSUPREME EATERIES PACKAGE

Great is protecting your food business against disruptions





Running your own food business? Be it an upmarket restaurant or a small yet vibrant hawker stall, be ready for any unforeseen happenings that can cause serious interruptions to your business.

But having all the right insurance in place requires considerable time and effort. Fortunately, with BizSupreme Eateries Package, you have access to all the essential protections for your business in one single policy.

BizSupreme Eateries Package offers three comprehensive plans that cater to various types of retail business:

- Restaurant is designed for businesses with dining-in facilities such as coffee houses, cafe, eating-houses etc.
- Foodcourt is designed for individual stalls inside the foodcourt, coffeeshop, canteen etc.
- Stallholder is desinged for individual stalls inside the hawker centres, wet market and push carts in the shopping mall.

With flexible top-up for sum insured and optional covers, creating a tailored plan that best suits your business is simple. Additionally, paying for only the cover you need makes it so much more affordable.

BizSupreme Eateries Package, a flexible solution for your business

Contact your representative to customise your policy to meet your individual business needs.

To contact us:

+65 6248 2888

greateasterngeneral.com

Important Notes:

- 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

Information correct as at 1 July 2017.

Great Eastern General Insurance Limited (Reg No. 1920 00003W) (A wholly-owned subsidiary of Great Eastern Holdings Limited) 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

BizSupreme Eateries Package Proposal Form

Important Notice

1) Statement pursuant to Section 25 (5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, 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.

2) 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).

lame of insured:				n No.:
Corresponding Address:				Postal Code:
elephone no.:	(O)	Fax no.: _		
	(HP)	Email:		
ocation of Insured Property:				Postal Code:
lature of Business:				
eriod of Insurance				
rom:	(dd/mm/yy)	To:		(dd/mm/yy)
etails of the premises				
. Is the Insured premises constructed	d of brick, tile or concrete?	Yes	□No	
. Does the Insured solely occupied the	he insured premises?	Yes	□No	
If "NO", please state the business of	of the neighbour :			
. Please tick on the appropriate fire p	preventive & security system in	the premises		
Fire Preventive Systems ☐ Fire Alarm System ☐ Others (Please give details): _	☐ Fire Extinguisher	□ S _I	orinkler System	☐ Fire Hose Reel
Security Systems	ary Alarm System	☐ Grilled W	indows/Doors	24-hour Security Guard
. What is the type of property for the Commercial Building	Industrial Building	Shopping Mall	☐ Pre-war Build	ding
Others (Please give details): _				
ersonal Accident (Details of the pr	1 7 7			
Full Name (as in NRIC	<i>D</i>)	NRIC/Pas	sport No.	Date of Birth (dd/mm/yy)
idelity Guarantee (Details of the ins		<u> </u>	nation	NRIC/Passport No.

Payment mode (Please tick and fill in the details)

Premium payable: S\$
By Credit Card (Visa/MasterCard only) I/We hereby authorise Great Eastern General Insurance Limited to charge the above premium to the following card. Credit Card Number
Expiry Date: (mm) (yy)
Name of cardholder:
NRIC no.: Signature:
By Cheque: No.:
(Cheque made payable to Great Eastern General Insurance Limited)

Declaration

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

- All the persons proposed for Personal Accident cover are below 70 years old, in good health and have no personal infirmity whatsoever.
- We have not suffered any loss or damage due to any of the proposed risks in the last 3 years.
- 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.greateasternlife.com/sg/en/privacy-and-security-policy.html and which I/we confirm I/we have read and understood.

Signature of Proposer & Compar	ny Stamp	Date
gent Code:	Agent Name:	

BizSupreme Eateries Package

•	SECTION A	V NO					I-dOT	TOP-I IP SECTION	
		RESTAURANT	URANT	FOODCOURT	COURT	STALLHOLDER			
Basic Coverage	age .	Standard Plan Basic Sum Insured/	Deluxe Plan Basic Sum Insured/ Limit	Standard Plan Basic Sum Insured/	Deluxe Plan Basic Sum Insured/ Limit	StandardPlan Basic Sum Insured/Limit	Top-Up Sum Insured	Top-Up rate	Top-Up Premium
Fire & Extraneous Perils on Contents (Excluding Stock-in-Trade)	us nts K-in-	\$\$100,000	Covered Under All Risks	S\$25,000	Covered Under All Risk	\$\$10,000	S\$(Up to S\$900,000)	0.10%	
2. Theft & Hold Up		S\$50,000 (first loss basis)	Covered Under All Risks	S\$10,000 (first loss basis)	Covered Under All Risks	S\$5,000 (first loss basis)	S\$ (Up to S\$450,000)	0.15%	
3. All Risks on Contents & Strock-in-Trade	ntents de	Not Applicable Under Standard Plan	S\$100,000 (Full Theft up to S\$50,000	Not Applicable Under Standard Plan	S\$25,000 (Full Theft up to S\$10,000	Not Applicable Under Standard Plan	S\$ (Up to S\$900,000)	0.30%	
4. Daily Benefits		\$\$25,000 (\$\$250 per Day up to 100 Days)	\$25,000 er Day up to 100 Days)	\$\$15 (\$\$150 per D	S\$15,000 (S\$150 per Day up to 100 Days)	S\$10,000 (S\$100 per Day up to 100 Days)	S\$ per day (Up to additional S\$100 per day)	S\$20 per S\$50	
5. Public Liability		- S\$500,000 Occurrence - Unlimited Ar Period	S\$500,000 Any One Occurrence Unlimited Any One Period	- S\$250,000 Occurrence - Unlimited Al Period	\$\$250,000 Any One Occurrence Unlimited Any One Period	- S\$250,000 Any One Occurrence - Unlimited Any One Period	S\$ (Up to S\$4,500,000)	\$\$50 per \$\$250,000	
6. Money:									
a) Money in Transit	+	a) S\$5,000	0	a) S\$3,000	0	a) S\$1,000	a) S\$(Up to S\$5,000)	a) 1%	
b) Money in Premises	ses	b) S\$5,000	0	000'8\$S (q	0	b) S\$1,000	b) S\$(Up to S\$5 000)	b) 1%	
c) Money kept in locked drawer/safe after business hours in residence of partners/directors	ocked er in tners/	c) S\$500		c) S\$250		c) S\$250	c) Not Applicable	c) Not Applicable	
7. Plate Glass		S\$5	8\$5,000	S\$2	\$\$2,500	\$\$2,500	S\$(Up to S\$5,000)	%09'0	
8. Personal Accident on the life of any one of the named partner/director (Age not exceeding 70 years old)	ent on ne of ner/ t	S\$5C	\$\$50,000	S\$50,000	000'	000'0888	No: of additional persons (Up to 2 persons)	Additional Persons: S\$40 each	
9. Daily-in Hospital Income for the partner/ director insured under Section 8	l vartner/ under	Not Applicable	S\$100 Per Day (up to 60 Days)	Not Applicable	S\$100 Per Day (up to 60 Days)	Not Applicable	Not	Not Applicable	
10.Goods In Transit (excess \$200 each & every loss)	t ach &	Not Applicable	8\$2,000	Not Applicable	8\$2,000	Not Applicable	Not	Not Applicable	
11.Deterioration of Stocks (Time Excess 12 hours)	Stocks 2 hours)	Not Applicable	S\$2,500 Any one loss & in the aggregate	Not Applicable	S\$2,500 Any one loss & in the aggregate	Not Applicable	Not	Not Applicable	
OPTIONAL	. 111	Standard Plan Basic Sum Insured/ Limit	Deluxe Plan Basic Sum Insured/ Limit	Standard Plan Basic Sum Insured/ Limit	Deluxe Plan Basic Sum Insured/ Limit	Standard Plan Basic Sum Insured/Limit	Sum Insured	Top-Up rate	Optional Cover Premium
12.Fidelity Guarantee	99	Limit: S\$5,000 Any one occurrence & in the aggregate	\$5,000 urrence & in gregate	Limit: S\$5,000 Any one occurrence the aggregate	Limit: \$\$5,000 Any one occurrence & in the aggregate	Limit: \$\$5,000 Any one occurrence & in the aggregate	No: of employee (Up to 10 employees)	Each Employee: S\$30 each	
13.Fire & Extraneous Perils on Building	us Perils						S\$(Up to S\$3,000,000)	0.06%	
14.Work Injury Compensation (WIC)	()				Please (Total ann	Please refer to Section B below (Total annual wages up to \$\$500,000)	low :0,000)		
							[b] TOTAL PREMIUM for TOP	M for TOP	

TOTAL PREMIUM for TOP

DER	7	
STALLHOLDEI	Standard Plan	S\$127
OODCOURT	Deluxe Plan	S\$184
FOOD	Standard Plan	S\$139
RESTAURANT	Deluxe Plan	S\$385
RESTA	Standard Plan	S\$337
	FOR SECTION A (Please tick one)	

	WIC Premium					S\$ (Min Premium \$30)
	Rate	0.10%	0.25%	0.50%	0.75%	[c] TOTAL WIC PREMIUM for SECTION B
SECTION B - Work Injury Compensation (WIC)	Est. Annual Earnings**					and housing allowances, overtime uding travelling allowances and
SECTION	Occupation Category	Management / Admin / Accountant	Outdoor Sales / Cashier	Service / Kitchen Staff	Driver / Delivery	Est. 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
	Headcount					** Est. Annual Earnings mu payments, bonuses and employers' CPF contribu

Eateries Package is not suitable for the following risks:

- 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 are kept in the open or without perimeter fence and/or security

TOTAL PREMIUM [a] + [b] + [c]	PREVAILING GST	TOTAL PREMIUM PAYABLE