

BIZSUPREME OFFICE PACKAGE

Great is safeguarding your office against all major risks



Running a business primarily involved in administrative work? Be it a prestigious law firm or a humble yet well-organised accounting firm, 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 Office Package, you have access to all the essential protections for your business in one single policy.

BizSupreme Office Package is designed for small and medium-sized businesses that use their premises primarily for managerial, administrative and clerical activities.

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 Office 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**

 **gicare-sg@greateasterngeneral.com**

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

Information correct as at 1 July 2017.

BizSupreme Office Package Proposal Form

Important Notice

- 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.
- 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).

Particulars of proposal

Name of insured: _____ Business Registration No.: _____
 Corresponding Address: _____ Postal Code: _____
 Telephone no.: _____ (O) Fax no.: _____
 _____ (HP) Email: _____
 Location of Insured Property: _____ Postal Code: _____
 Nature of Business: _____

Period of Insurance

From: _____ (dd/mm/yy) To: _____ (dd/mm/yy)

Details of the premises

- Is the Insured premises constructed of brick, tile or concrete? Yes No
- Does the Insured solely occupied the insured premises? Yes No

If "NO", please state the business of the neighbour : _____

- 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): _____

- What is the type of property for the location of the insured property?

Commercial Building Industrial Building Shopping Mall Pre-war Building HDB Shop

Others (Please give details): _____

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

Full Name (as in NRIC)	NRIC/Passport No.	Date of Birth (dd/mm/yy)

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

Full Name (as in NRIC)	Designation	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.greatasteernlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Signature of Proposer & Company Stamp

Date

Agent Code: _____ Agent Name: _____

SECTION A			TOP-UP SECTION		
Basic Coverage	Standard Plan Basic Sum Insured/Limit	Deluxe Plan Basic Sum Insured/Limit	Top-Up Sum Insured	Top-Up rate	Top-Up Premium
1. Fire & Extraneous Perils on Contents (Excluding 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 (Excluding Stock-in-Trade) Full Theft up to \$50,000	Not Applicable Under Standard Plan	S\$100,000	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	a) S\$5,000		a) S\$ _____ (Up to S\$5,000)	a) 0.5%	
b) Money in Premises	b) S\$5,000		b) S\$ _____ (Up to S\$5,000)	b) 0.5%	
c) Money kept in locked drawer/safe after business hours in residence of partners/directors	c) S\$500		c) Not Applicable	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	
OPTIONAL COVERAGE	Standard Plan Basic Sum Insured/Limit	Deluxe Plan Basic Sum Insured/Limit	Sum Insured	Top-Up rate	Optional Cover Premium
10. Fidelity Guarantee	Any one occurrence & in the aggregate Limit: S\$5,000		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)					
Please refer to Section B below (Total annual wages up to S\$500,000)					
[b] TOTAL PREMIUM FOR TOP UP & OPTIONAL COVER					

[a] BASIC PREMIUM FOR SECTION A <small>(Please tick one)</small>	<input type="checkbox"/> Standard Plan S\$138	<input type="checkbox"/> Deluxe Plan S\$179
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SECTION B - Work Injury Compensation (WIC)

Headcount	Occupation Category	Est. Annual Earnings**	Rate	WIC Premium
	Management / Admin / Accountant		0.10%	
	Outdoor Sales		0.25%	
	Office Cleaners		0.30%	
	Dispatch / Chauffeur		0.50%	
** 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				S\$ _____ (Min Premium \$30)

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

<p>Office Package is not suitable for the following risks:</p> <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 are kept in the open or without perimeter fence and/or security
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