

Application Form

SmartPlan

I declare that my business meets the following requirement:

- No claim experience for the past 3 years.
- All entrances to my premises are protected with roller shutter/glass door/iron grilles and padlock.
- The proposed insurance now has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
- The premises is solely occupied by me for my business and is not a shared premises.

If any of the above answer is NO, please contact your intermediary or call our hotline +65 1800 880 4741, or email customer.service@axa.com.sg

Create your business cover: Select "Standard Cover" or "Build your own"

Coverage	Plan A Standard cover	Plan B** Build your own						Sum Insured	Premium = Premium rates x Sum Insured
	Sum Insured/ Limit of Indemnity/No. of Employees	Maximum Sum Insured/Limit of Indemnity/No. of Employees	Premium Rates				Premium Rates		
			F&B	Retail	Personal Service	Office			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Compulsory Cover									
All Risks* Real (excluding building) and Personal property	\$100,000	\$2,000,000 (stock not more than 25% of the sum insured)	0.15%	0.15%	0.11%	0.10%	\$ _____	\$ _____	
Work Injury Compensation*	3 employees	25 employees	\$75	\$40	\$30	\$20	(No. of employees)	\$ _____	
Optional Cover									
Theft of Money In Transit & in Premise	\$3,000	\$30,000	0.35%	0.50%	0.35%	0.20%	\$ _____	\$ _____	
Public Liability	\$500,000	\$5,000,000	\$30 per (\$250,000 Sum Insured)	\$20 per (\$250,000 Sum Insured)	\$20 per (\$250,000 Sum Insured)	\$12.50 per (\$250,000 Sum Insured)	\$ _____	\$ _____	
Daily Cash for Business Interruption Up to 100 days	\$250 per day	\$500 per day	13%	17%	10%	8%	\$ _____ per day	\$ _____	
Worldwide Personal Accident (whose profession does not involve the use of heavy machinery & tools, or exposed to any special hazard)	\$50,000 (For 1 person)	\$300,000 per insured person (25 insured person)	0.06%	0.06%	0.06%	0.06%	\$ _____	\$ _____	
Business Interruption (Gross Profit basis) Indemnity Period: 12 months		\$1,000,000	0.15%	0.15%	0.11%	0.10%	\$ _____	\$ _____	
Fidelity Guarantee		\$5,000 per employee \$10,000 in the aggregate	\$50	\$30	\$30	\$20	(No. of employees)	\$ _____	
Fire on Building		\$2,000,000	0.05%	0.05%	0.05%	0.05%	\$ _____	\$ _____	
Plan A Premium		Plan B Premium							
Premium (before GST)		Minimum Premium (before GST)						\$ _____ Premium	
F&B	<input type="checkbox"/> \$478.00	F&B		\$378.00					
Retail	<input type="checkbox"/> \$378.00	Retail		\$268.00					
Personal Services	<input type="checkbox"/> \$298.00	Personal Services		\$268.00					
Office	<input type="checkbox"/> \$228.00	Office		\$188.00					
Premium for "What Matters?" upgrade		<input type="checkbox"/> \$30 Upgrade for Office <input type="checkbox"/> \$55 Upgrade for other trade specific (Please refer to trade specific leaflets for upgrade benefits)							
Total Premium (Please add 7% GST)		\$ _____ (After GST)							

* All Risk and Work Injury Compensation are mandatory cover that need to be included in Plan B.

**You can customise your coverage under Plan B.

Details of Insured Person under Worldwide Personal Accident Cover:

Name	NRIC	Date Of Birth	Occupation	Sum Insured

Additional Insured information to be provided on separate sheet of paper.

DETAIL OF PROPOSER

Name of Proposer/Company's Name: _____

Address of Property Insured: _____

Postal Code: _____

Name of Mortgagee (if any): _____

Correspondence Address (if the address differs from the address of property insured): _____

Postal Code: _____

Tel: (HP): _____ (O): _____ Email: _____

Description of Business/Trade: _____

Period of Insurance: From _____ To _____

(DD/MM/YYYY)

(DD/MM/YYYY)

PAYMENT METHOD

Cheque (crossed and made payable to AXA Insurance Singapore Pte. Ltd)

Bank: _____ Cheque No.: _____

Credit Card

Choose only ONE payment mode

Single Deduction

- AMEX DINERS
 MASTERCARD VISA

Issuing Bank: _____

0% Interest Free Installment Plan¹
(Applicable for Visa and MasterCard Only)

- OCBC DBS POSB UOB

Installment Period

- 6 months 12 months

Cardholder's Name: _____

State Relationship (where cardholder is not the Insured)²: _____

Card No.: _____

Expiry Date: _____ Card Verification Value (CVV)³: _____

Cardholder's Signature: _____

Contact No: _____ Date: _____

(DD/MM/YYYY)

DECLARATION

IMPORTANT NOTES

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- No insurance is in force until AXA Insurance confirms acceptance of this Proposal.
- This policy 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.

We confirm the details given are true and correct and we have not withheld any material information regarding this Application. This Application shall form the basis of the contract between me/us and AXA Insurance Singapore Pte. Ltd and I/we will accept a policy subject to the terms and conditions of the Policy.

Signature of Proposer/Company's Stamp

Date (DD/MM/YYYY)

PRODUCER'S NAME/ ACCOUNT CODE

04247 INSURE LINK

¹ Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$200 is required for OCBC and S\$500 for DBS/POSB/UOB.

² If Cardholder is not the insured or the insured's spouse, parent, parent-in-law, child or sibling, AXA Insurance reserves the right to reject payment via credit card.

³ CVV - For Visa & MasterCard, CVV is the last 3 digit no. printed just above the signature panel in reverse italics on the back of your card. For AMEX, it is the 4-digit no. printed on the front of the card number above the card number.