

Business Advantage

Full suite of business cover that comes affordable and flexible.

What can my business be insured for?

■ Fire and/or Lightning

We will cover loss or damage to your physical assets/real and personal property caused by Fire and/or Lightning.

■ All Risks

As an alternative to Fire and/or Lightning, you can cover your physical assets/real and personal property (includes furniture, fixtures & fittings, improvements, decorations, machinery and equipment, trade samples or stock-in-trade) against accidental loss, destruction or damage by an insured event.

■ Work Injury Compensation

As an employer, it is mandatory that you protect your employees engaged under a contract of service against work accidents or illnesses. We will compensate you for any claims, arising out of and in the course of employment.

■ Public Liability

We will compensate for claims in the case of third parties' death or injury following an accident that your business is responsible for. Third parties include walk-in customers or damages to a neighboring occupier's property.

■ Business Interruption

We pay you on your loss of gross profits, gross revenue, wages and/or increased cost of working that you may incur if your business is interrupted because of loss, destruction or damage by an insured event.

■ Money

We pay you for any loss or damage to your money (currency notes, cheques, credit card, sales vouchers):

- In your premises or in transit
- 24 hours, 7 days a week

■ Fidelity Guarantee

We pay you for any financial loss arising from any act of fraud or dishonesty committed by your employee.

■ Electronic Equipment

We cover your electronic equipment (includes computers, systems and data media) for any unforeseen physical loss or damage.

■ Equipment or Machines

We pay you for the cost of repair, reinstatement, or replacement arising from accidental loss or damage to your equipment or machines.

Product Extensions available

- **Progressive Claims Payment** once liability is admitted
- **Fire/All Risks Sum Insured maintains** even after claim incident
- **Automatic increase in your Sum Insured** for alterations, additions and improvements to your insured property

Terms & Condition applies.

To find out more, please call our Customer Care at **+65 1800 880 4888** or email us at **customer.care@axa.com.sg**

This brochure is not a contract of insurance. The precise terms, conditions and definitions are specified in the insurance policy.



redefining / insurance

AXA INSURANCE SINGAPORE PTE LTD
 8 Shenton Way, #27-01 AXA Tower
 Singapore 068811
 Customer Care Department: #B1-01
 Tel: 1800-880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 Fax: (65) 6338 2522
 Website: www.axa.com.sg
 Co. Reg No. 196900406D

Business Advantage Proposal Form

I declare that my business meets the following requirement:

- ✓ No claim experience for the past 3 years
 - ✓ The proposed insurance now has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company
 - ✓ None of our directors/partners has been declared bankrupt
 - ✓ None of our directors and employees has been convicted or associated with arson, criminal deception, fraud, forgery, theft and robbery.
- If any of the above answer is **NO**, please provide details below for each claim (for each class of insurance) and the preventive action taken since loss occurred.

Alternatively contact your intermediary or call us at +65 1800 880 4888, or email customer.care@axa.com.sg

Step 1: Build your cover (Compulsory)

1. Fire & Extraneous Perils or All Risks

Type of Cover:	<input type="checkbox"/> Fire & Extraneous Risk	<input type="checkbox"/> All Risks	Sum Insured	For Official Use	
				Rates	Premium
<input type="checkbox"/> Furniture and contents					
<input type="checkbox"/> Office Equipment, Plant & Machinery					
<input type="checkbox"/> Stock and materials in trade					
<input type="checkbox"/> Loss of Rent (a) \$ _____ per month (b) No. of months: _____					
<input type="checkbox"/> Others (please specify): _____					
Total Sum Insured					

- Fire Protection: None Sprinkler Fire Extinguisher
- Watchmen: None 24 hour security guard Office hours
- Security Measures: None Alarm CCTV
- Is insured a Tenant or an Owner?: Tenant Owner

2. Work Injury Compensation

Description of Occupation Type	No. of Employees	Estimated Annual Wages	For Official Use	
			Rates	Premium

Do your employees undertake any of the following activities?

- Underground, digging, excavation, tunneling
- Blasting, demolition, handling of explosives, flammable, toxic or corrosive materials
- Offshore, underwater, work at shipyards, onboard vessels, heights >3m
- Other hazardous activities. Please specify: _____
- None of the above activities

3. Public Liability

Territorial Limit (please specify): <input type="checkbox"/> Premise risk only <input type="checkbox"/> Anywhere in Singapore <input type="checkbox"/> Any Special Extension required, please state: _____	Limit of Liability	For Official Use	
		Rates	Premium
Estimated Annual Turnover / Any one Period of Insurance: _____			

The basic cover is subject to a minimum premium of S\$535 (inclusive of GST).

Step 2: Enhance your cover based on your business needs (Optional)

4. Business Interruption

(Type of cover will follow option selected for 1 in Step 1)

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
Indemnity period for my business to recover in the event of a fire loss or damage: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> _____ months			
<input type="checkbox"/> Gross Profit or Gross Revenue			

5. Burglary

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
<input type="checkbox"/> Renovation, Furniture, Fittings & Fixtures			
<input type="checkbox"/> Office equipment & business contents			
<input type="checkbox"/> Plant & Machinery			
<input type="checkbox"/> Stock and materials in trade			
<input type="checkbox"/> Others (please specify): _____			
Burglary Cover Type: 1) <input type="checkbox"/> Forcible Entry <input type="checkbox"/> Full Theft 2) <input type="checkbox"/> Full Value <input type="checkbox"/> First Loss Limit: _____			
Total Sum Insured			

6. Money

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
<input type="checkbox"/> Money in Transit Is the transit accompanied by at least 2 employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Money in Premises during business hours			
<input type="checkbox"/> Money in Premises after business hours			
<input type="checkbox"/> Money kept in locked safe/strong room			
<input type="checkbox"/> Money kept in locked drawer/cabinet			

7. Plate Glass

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
Plate Glass including lettering, painting and ornamental work			
<input type="checkbox"/> First Loss <input type="checkbox"/> Full Replacement Value			

8. Fidelity Guarantee

Description of insured items	Sum Insured per employee	For Official Use	
		Rates	Premium
No. of Employees: _____			

9. Electronic Equipment

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
<input type="checkbox"/> Material Damage (excluding portable equipment)			
<input type="checkbox"/> External Data Media			
<input type="checkbox"/> Increased Cost of Working			

10. Equipment

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
<input type="checkbox"/> Machinery & Equipment			

11. Fire & Extra Perils on Building

Description of insured items	Sum Insured	For Official Use	
		Rates	Premium
<input type="checkbox"/> Building (excluding foundation)			
<input type="checkbox"/> Renovation, Improvements, Fittings & Fixtures			
Construction of Building: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Open Yard/Shed Age of building: _____			
Total Sum Insured			

For Official Use (To be completed by AXA)

Total Premium	\$ _____ (with GST)
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DETAIL OF PROPOSER

Name of Proposer / Company's Name:

Address of Property Insured:

Name of Mortgagee (if any):

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

Postal Code:

Tel: (HP) (O) E-mail:

Period of Insurance: From DD/ MM/ YYYY to DD/ MM/ YYYY

Nature of business:

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:

Contact No: Date: DD/ MM/ YYYY Cardholder's Signature:

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.

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

DD/ MM/ YYYY

Date

PRODUCER'S NAME/ ACCOUNT CODE