

Application Form

SmartPlan – Light Industrial

I declare that my business meets the following requirement:

- No claim experience for the past 3 years.
- All premises are built of bricks and concrete.
- 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 for my business and is not a shared premises. It will be securely locked after business hours.

If any of your above answer is NO, please contact your intermediary or call our hotline 1800 880 4888, or email customer.care@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/ Limit of Indemnity/ No. of Employees	Maximum Sum Insured	Rates (Inclusive of GST)	Sum Insured	Premium = Rates x Sum Insured (Inclusive of GST)
Compulsory Cover					
All Risks Real (excluding building) and personal property	\$150,000	\$2,000,000	0.33%	\$ _____	\$ _____
Theft of Money (in Transit & in Premise)	\$5,000	\$30,000	0.59%	\$ _____	\$ _____
Public Liability	\$500,000	\$5,000,000	Refer to PL table below	\$ _____	\$ _____
Daily Cash for Business Interruption Up to 100 days	\$200/day	\$500/day	18.65%	\$ _____ per day	\$ _____
Plan A Premium (Inclusive of GST)		(A) Plan B minimum Premium (Inclusive of GST)			
SME - Light Industrial	<input type="checkbox"/> \$840.00	SME - Light Industrial	\$840.00	\$ _____ Premium	
Optional Cover					
Worldwide Personal Accident		25 employees	Class 1 - \$62.22 Class 2 - \$74.47 Class 3 - \$93.89	\$300,000 per insured person	\$ _____
Work Injury Compensation		25 employees	Admin - 0.096% Sales - 0.321% Manual - 1.284%	Head Est. Annual Count Wages** _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____ \$ _____ \$ _____
Fidelity Guarantee (up to 30 Employees)		\$5,000 per employee \$10,000 in aggregate	\$32.10 per Employee	_____ No. of Employees	\$ _____
Fire & Extraneous Perils on building		\$5,000,000	0.118%	\$ _____	\$ _____
Business Interruption (Gross Profit basis) Indemnity Period: 12 months		\$1,000,000	0.187%	\$ _____	\$ _____
(B) Optional Premium (Inclusive of GST)					\$ _____
Premium Payable (Inclusive of GST) A + B					\$ _____

Public Liability Premium Table	
Limit of Liability	Premium (Inclusive of GST)
\$100,000	\$171.20
\$250,000	\$224.70
\$500,000	\$278.20
\$1,000,000	\$385.20
\$2,000,000	\$599.20
\$3,000,000	\$786.45
\$4,000,000	\$920.20
\$5,000,000	\$1027.20

*You can customise your coverage under Plan B but you will not be protected for any non-selected optional cover.

**The annual wages, salaries and other monetary earnings must include normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but excluding travelling allowances and employers' CPF contribution.

Details of Insured Person under Worldwide Personal Accident Cover:

Name	NRIC	Date of Birth	Occupation

Additional insured information to be provided on separate sheet of paper

DETAIL OF PROPOSER

Name of Proposer Company: _____

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: _____

Period of Insurance: From _____ To _____
(DDMMYYYY) (DDMMYYYY)Business Trade: Printer Manufacturer Wholesaler

Estimated Annual Turnover: _____

Description of Business: _____

PAYMENT METHOD CHEQUE – Crossed and made payable to AXA Insurance Singapore Pte Ltd.

Bank: _____ Cheque No: _____

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 Code (CVV)³ _____

Cardholder's signature: _____

Contact No: _____ Date: _____

(DDMMYYYY)

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.

I/We confirm that the information I/We have provided is my personal data and, where it is not my personal data, that I/We have the consent of the owner of such personal data to provide such information.

By providing this information, I/We understand and give my/our consent for AXA Insurance Singapore and AXA Life Insurance Singapore (collectively "AXA") and their respective representatives or agents to:

- Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- Collect, use, store, transfer and/or disclose personal data about me/us and those whose personal data I/We have provided from sources other than myself for the Purposes.

I/We confirm the details given are true and correct and I/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 CODE¹ 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 Your security is our concern. If cardholder is not the Insured nor 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 above the card number.