

Allianz Insurance Singapore Pte. Ltd.

PROPOSAL FORM (ANNUAL POLICY)

ALLIANZ CONTRACTOR'S ALL RISKS INSURANCE

IMPORTANT NOTICE

1. Statement pursuant to **Section 25(5) of the Insurance Act (Cap. 142)** or any amendments thereof: You are to disclose in the Proposal Form fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
2. Allianz Insurance Singapore Pte. Ltd. (Insurer) reserves the right to request for more information.

Proposal Number (if any): _____

Name of Producer: _____ Producer Code: _____

GENERAL INFORMATION

1. Full name of the Contractor: _____

2. Full name of the Principal: _____

3. Full name of the Sub-Contractor (if any): _____

4. Policy Period desired: Contractor Principal Sub-Contractor

5. Title of Contract & Full Description of the Contract:

6. Location of Contract Works: _____

7. Consulting Engineering/Architect _____

8. a) Limit of Liability: _____

b) Annual Turnover: _____

c) Average Value of Each Project/Contract: _____

d) Maximum Value of Each Project/Contract: _____

e) Minimum Value of Each Project/Contract: _____

9. Please provide the time schedule giving phase of work.

a) Construction Period: from _____ to _____

b) Average Duration of Each Project/Contract: _____

c) Maximum Number of Days/Months for each Project/Contract: _____

d) Minimum Number of Days/Months for each Project/Contract: _____

e) Maintenance Period: _____

f) Testing Period (where applicable): _____

10. Is there any existing plant/structure or surrounding property in your possession care, custody or control at the site or adjacent? Yes No

If yes, please specify and provide values.

11. Please provide details of firefighting facilities:

- Sprinkler Yes No
- Fire Extinguisher Yes No
- Fire Hydrants Yes No
- Hose Reel Yes No
- Fire Alarm Yes No
- Others (please specify): _____

Is the fire alarm connected to:

- Smoke detector Yes No
- Heat detector Yes No
- Watchman service Yes No
- In-house fire brigade Yes No

12. Are there any insurance claims in the past five years by any of the contractor(s) that is seeking insurance coverage?

Yes

No

If yes, please specify and provide values.

i. GROUND CONDITIONS

13. Full details of substrata including minimum and average depth of water table.

(please supply copy of geotechnical report if available).

14. Will there be any underground workings in the area?

Yes

No

If yes, please specify.

15. Please give details of any bodies of water in the vicinity of the works along with distance therefrom.

16. Details of flood history at the project site.

17. Other hazards/unusual features.

ii. EXCAVATION WORKS

18. Full details of substrata including minimum and average depth of water table.

Average Dept: _____ Maximum Depth: _____
Average Width: _____ Minimum Width: _____ Maximum Width: _____

19. Will any excavations take place below the level of the water table? Yes No

20. What precautions are being taken against collapse?

21. Total value of earthwork: _____

22. Will any blasting take place? Yes No

If yes, please specify cost: _____

23. Will any demolition take place? Yes No

If yes, please specify cost and method

iii. FOUNDATION WORKS

24. What precautions are being taken against collapse?

25. Will any piling be performed?

Yes

No

i. Type of pile:

ii. Dimensions of piles:

iii. Maximum and Average depth driven:

iv. Total number of piles:

v. Contract value for piling works:

26. Please describe any underpinning to be performed.

iv. BUILDING WORKS

27. Height of building/stories/# of units:

28. Types of Construction

29. Type of scaffolding to be used:

30. Brief description of the intended business or service activities in the proposed structure.

31. Other relevant details.

v. **THIRD PARTY INSURANCE**

32. Limit of Indemnity required: _____

33. Surrounding Properties (Distance from site/Type of Property/Condition/Occupation)

Front: _____

Back: _____

Left: _____

Right: _____

34. Please describe any experimental or prototype designs/techniques to be used.

vi. **PLEASE ATTACH:**

- Insurance and indemnity sections of the contract
- Site Plan
- Cross Sectional drawings

DECLARATION:

By signing this form,

- i) I/We declare the above statements, particulars and declarations in this Proposal Form are true, accurate and complete.
- ii) I/We agree that this Proposal Form and the statements, particulars and declarations set out herein shall form the basis of the contract of insurance to be entered into between Insurer and myself/ourselves, and that no liability is attached until this Proposal Form is accepted by Insurer and a contract of insurance formed between Insurer and myself/ourselves.
- iii) I/We undertake to inform Insurer of any material changes or alterations to the statements, particulars and declarations set out in this Proposal Form, if any such material changes or alterations occur before the contract of insurance is formed.
- iv) If I/We do not fully and faithfully give the facts as I know them or ought to know them, I/We may receive nothing from the Policy.
- v) I/We agree to the policy terms, exclusions and conditions as expressed in this Proposal Form, policy wordings and endorsements.
- vi) By submitting information (including but not limited to personal data, if any) to Insurer by way of this Proposal Form, I/We consent to:

(a) the Insurer and its third party service providers, related entities, business partners collecting, using, transferring and/or disclosing all personal data related to me/us which I/We had provided, whether within or outside of Singapore for the purposes notified to me/us under Insurer's privacy policy which is available for viewing here: <https://www.allianz.sg/Privacy-Policy.html>; and

(b) the collection, use, disclosure and dissemination of all information (including but not limited to information provided by I/We related to the Policy to my/our insurance intermediaries and the Insurer's authorized agents and service providers) for the purposes relating to or incidental to my/our claims under the Policy or in accordance with the legislation.

Signature & Company Stamp

Date