

# Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)  
11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## PROPOSAL FOR PUBLIC LIABILITY (THIRD PARTY) (GENERAL)

**NOTE** - Unless otherwise arranged, this Insurance does not cover bodily injury or damage caused directly or indirectly by fire or explosion fumes, vehicles, drivers, lifts hoists, cranes, elevators locomotives or caused by or through the fault or negligence of a sub-contractor or his employees, or caused by or to any ship, craft or aircraft or liability assumed under any contract of indemnity.

Agency \_\_\_\_\_ Policy No: \_\_\_\_\_

### THE PROPOSER

Name (in full): \_\_\_\_\_

Business Address: \_\_\_\_\_

Trade or Occupation \_\_\_\_\_ Tel (Off) \_\_\_\_\_ (Res) \_\_\_\_\_

Address of Proposer's Premises to which the Insurance is to apply: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

1. Are any chemicals or explosives used? If so, please state kind and quantity.

\_\_\_\_\_

2. (a) Do you employ sub-contractor?  YES  NO If so,

(b) State nature of work carried out by them

\_\_\_\_\_

(c) Do you wish to cover your liability to them or for their negligence?

3. Do you require Indemnity for any of the hazards specified in NOTE at the head of this proposal?  YES  NO  
If so, please give details.

\_\_\_\_\_

4. Have you any other Insurances with this Company?  YES  NO  
If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

#### IMPORTANT NOTICE

- STATEMENT Pursuant to Section 25(5) of the Insurance Act** - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
- The liability of the Company does not commence until proposal is accepted.

5. Have any claims been made upon you during the past three years in respect of injury to or damage to property of Third Parties?  YES  NO  
 If so, please give particulars.

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6. (a) Has the risk been insured previously?  YES  NO If so, give name of Company.

(b) Has any proposal for Insurance of the risk or of your Policy been declined or withdrawn, an increased rate required, amended terms offered or Policy cancelled?  YES  NO If so, give name of Company.

7. If a Builder's or Contractor's risk, state exactly the kind of contracts to be covered.

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		FOR OFFICE USE ONLY	
<b>Estimated Total Wage:</b>	\$ _____	Rate :	Premium: _____
<b>Limit of Indemnity</b>		Stamp Duty:	Excess: _____
For any one accident (AOA):	\$ _____	Endorsements:	_____
For the above term of insurance (AOP):	\$ _____		

I/We the undersigned, desire to effect an insurance with the Company in terms of the Policy to be issued by the Company and the Company's Memorandum and Articles of Company against my/our Statutory and Common Law Liability as above-mentioned, and I/We agree to render at the end of the period of insurance a statement in the form required by the Company, of all wages actually paid, and to pay premium on the wages paid in excess of the amount estimated above, and in the event of my/our liability in respect of sub-contractors being covered, to render a statement in the form required by the Company of 100% of all sums paid to sub-contractors, to pay premium on the excess shown by such statement over the 100% estimated above, and hereby declare that all the above statements and particulars are true, that I/We have not suppressed or misstated any material fact, that I/We have made the above estimate fairly, and I/We agree that this declaration shall be the basis of the contract between me/us and the Company. I/We further declare and agree that if the above statement and particulars are in the handwriting of any person other than the undersigned, such person shall be deemed to be my/our agent for the purpose of filing in this Proposal Form.

Signature of Proposer : \_\_\_\_\_

Date : \_\_\_\_\_