

Underwriting Questionnaire for MCST

Agent Name/Code: _____ Date: _____

Proposed Insured

MCST Plan No. _____ Name of Property _____

Managing Agent _____

Period of Insurance _____ to _____

Risk Location _____ Postal Code _____

Age of Building ___ years No. of Blocks _____ Height (per blk) _____ Total no of units _____

Occupancy :
 Residential
 Service Apartments
 Commercial Building - Shopping Centre
 Light Industrial Building
 Heavy Industrial Building
 Composite - Please specify _____

Construction Type * Class I Class II Class III * Please select the appropriate.

Class 1

Walls : Brick/Stone/Concrete
 Hardroofs : Tiles/Concrete/Metal Sheeting/Asbestos Cement

Class II

Walls i) : Bricks/Stone/Concrete and partly iron or wood
 Or ii) : Wholly of iron on iron or wood frame
 Hardroofs : Tiles/Concrete/Metal Sheeting/Asbestos Cement

Class III

Walls : Wood
 Roofs : Wood/iron

Fire Protection Facilities (Please tick the appropriate)

- Sprinklers
- Smoke Detector
- Fire Hydrant
- Hose Reels
- Fire Alarm
- Fire Extinguishers

Other Facilities

- Basement Carpark
- Swimming Pool
- Gymnasium
- Mini-mart
- Others; Please specify _____

Security Facilities

- a. Is there a 24 hour security guard? Yes No If "Yes", Insured's own or by Contract?
- b. Any CCTV installed? Yes No If "Yes" how many & where _____

Class of Insurance Required

- Fire and Extraneous Perils
 - Public Liability
 - Errors & Omissions
 - Plate Glass
 - Burglary
 - Money
 - Work Injury Compensation
 - Fidelity Guarantee
 - Group Personal Accident
 - Group Medical Insurance
- } Complete Group Fact-Find Form

Please answer each question and where appropriate, provide particulars.

FIRE & EP		
1. INTEREST INSURED	SUM INSURED	
On Building(s) with full facilities (excluding foundations and drains)	S\$ _____	
Note: Where possible, please provide breakdown of the Sum Insured per block.		
PUBLIC LIABILITY INSURANCE		
1. LIMIT OF INDEMNITY		
Any One Accident	S\$ _____	
Any One Period of Insurance	S\$ _____ or [] Unlimited	
ERRORS & OMISSIONS INSURANCE		
1. LIMIT OF INDEMNITY		
Any One Accident / In Aggregate S\$ _____		
2. Number of Council Members _____		
PLATE GLASS INSURANCE		
1. SUM INSURED	Full Value	First Loss
On All Plate Glass	S\$ _____	S\$ _____
BURGLARY INSURANCE		
1. SUM INSURED	Full Value	First Loss (if applicable)
i) On Contents, Furniture, Fixtures & Fittings	S\$ _____	S\$ _____
ii) On Others (please specify) _____ _____	S\$ _____	S\$ _____
MONEY INSURANCE		
1. SUM INSURED		
i) Money in the personal custody of the Insured or his authorised employees whilst in transit anywhere in Singapore		S\$ _____
ii) Money in Premises kept in safe &/or strongroom <u>during</u> business hours		S\$ _____
iii) Money in Premise kept safe &/or strongroom <u>after</u> business hours		S\$ _____
iv) Money kept in locked drawers		Limit to S\$500/-
v) Loss of or damage to safe &/or strongroom in which money is contained		S\$ _____
vi) On Others (please specify) _____		S\$ _____

WORK INJURY COMPENSATION INSURANCE

Please complete the Work Injury Compensation Insurance Proposal Form (Annual Policy) and submit together with this questionnaire.

FIDELITY GUARANTEE INSURANCE

1. Total Employees Headcount _____

* To provide a listing of names, nric no. , duties, length of service, salary if not all employees are to be covered

2. Amount to be guaranteed S\$ _____ Any one accident and in aggregate any one policy period

LOSS EXPERIENCE (Please list all claims/losses for the last 3 years regardless of whether there was insurance cover)

1. Claims Experience for PAST 3 YEARS.

Date of Accident	Class	Claim Details	Claim Amount	Claim Status (Paid / Reserve)
			S\$	
			S\$	
			S\$	
			S\$	

2. Risk Improvements

If there were claims, what steps were taken after the incident to avert/prevent a similar incident?

- Note:
- a. If space is insufficient, please use separate sheet.
 - b. The above underwriting questions act solely as a general guide. Further queries may be posed by Underwriters depending on the nature of risk and the information provided.
 - c. Insurance cover does not commence until proposal is accepted by the company.