

BizProtect Plus Restaurant

COVERAGE	Standard Plan Sum Insured/Limit	Deluxe Plan Sum Insured/Limit	
1. Fire and Extraneous Perils on Contents and Stock-in-Trade	S\$50,000	-	
2. Theft and Hold up (1st Loss Basis by forcible/violent entry)	S\$20,000	-	
3. All Risks on Contents and Stock-in-Trade (Excess \$200 for each and every loss)	-	S\$50,000	
4. Business Interruption/Additional costs of Working	S\$200 per day up to 100 days	S\$300 per day up to 100 days	
5. Work Injury Compensation (Max salary up to \$3,000 per month)	2 non-manual indoor employees 2 manual indoor employees	2 non-manual indoor employees 2 manual indoor employees	
6. Public Liability at Insured's premises (including Food and Drinks Poisoning \$50,000)	S\$1,000,000	S\$1,000,000	
7. (a) Money In Premises (b) Money in Transit	S\$3,000 S\$3,000	S\$5,000 S\$5,000	
8. Personal Accident ¹ (Class 1) On the life of 1 named Director/Partner/Proprietor/Employee for Death/Permanent Disability (Age not exceeding 70 years)	S\$10,000	S\$30,000	
Basic Premium (before GST):	S\$408		S\$508
OPTIONAL COVERAGE	Max. Top-up Limit	Top-up Coverage	Top-up Premium
1. Fire and Extraneous Perils on Contents and Stock-in-Trade	S\$1,000,000	S\$ _____ x 0.08%	
2. Theft and Hold up (1st Loss Basis by forcible/violent entry)	S\$200,000	S\$ _____ x 0.20%	
3. All Risks on Contents and Stock-in-Trade (Excess \$200 for each and every loss)	S\$500,000	S\$ _____ x 0.28%	
4. Business Interruption/Additional costs of working	\$100 per day up to 100 days	S\$20	
5. Work Injury Compensation (Max salary up to \$3,000 per month) a. Administration Staff/Cashier b. Waiter/Waitress c. Outdoor Sales d. Kitchen Staff/Cleaner e. Delivery/Despatch/Driver	Up to 10 employees (minimum premium \$30 per top up)	Number of employees: a. ____ x S\$20 per employee b. ____ x S\$30 per employee c. ____ x S\$35 per employee d. ____ x S\$120 per employee e. ____ x S\$150 per employee	
6. Public Liability at Insured's premises	S\$2,000,000	_____ unit x S\$30 (1unit = S\$250,000)	
7. (a) Money In Premises (b) Money In Transit	S\$10,000 S\$10,000	S\$ _____ x 0.75% S\$ _____ x 0.75%	
8. Personal Accident ¹ (Class 1) Personal Accident ¹ (Class 2) Death/Permanent Disability (Age not exceeding 70 years)	Max \$100,000 per life Sum insured per person: _____ (max \$100,000 per life)	For Class 1: ____ x 0.05% For Class 2: ____ x 0.08%	
9. Plate Glass (Excess \$100 for each and every loss)	S\$10,000	S\$ _____ x 0.80%	
10. Fire and Extraneous Perils on Building ²	S\$2,000,000	S\$ _____ x 0.07%	
11. Fidelity Guarantee (Excess \$250 for each and every loss)	S\$10,000 for any one employee and in aggregate (Max no. of employees: 10)	Number of employees: _____ x S\$35 per employee	
12. Deterioration of Stocks (Time Excess: 12 hours)	S\$5,000	S\$ _____ x 0.20%	
¹ Personal Accident: Class 1: Office Workers Class 2: Supervisor/Sales/ Non-Manual Workers	(A) Top-up Premium (Sum total of 1 – 12)		
² Building must be of brick/tiles/concrete construction Premiums calculated are based on per location basis unless units are adjoining	(B) Basic Premium (Please Tick One)		<input type="checkbox"/> \$408 Standard Plan <input type="checkbox"/> \$508 Deluxe Plan
Business/Risks covered Business with dining-in facilities, e.g. Cafes, Restaurants	(C) Annual Premium Before GST (A + B)		
Excluded Business/Risks • Premises used solely for storage of food and/or beverages • Premises used for preparing food for wholesale purposes • Coffee shop (other than individual stalls) • Food Catering Risks • Premises not of brick/tile/concrete construction	(D) Prevailing GST (%GST x C)		
	(E) Annual Premium After GST (C + D)		
	(F) Discount , where applicable (*Maximum of 10% discount applies)		<input type="checkbox"/> 5% off for 2-year policy <input type="checkbox"/> 10% off for 3-year policy or ≥ 2 policies purchased
	(G) Total Amount Payable After Discount (E x No. of Years x Less Discount)		

Interbank GIRO Application Form

Part 1 - For Applicant's Completion

Date		(dd/mm/yy)	Name of billing organisation
Name of bank			Great Eastern General Insurance Limited
Bank account holder's name			Policyholder's name
Bank account number			Policy number
'NRIC/FIN No.			
Contact No.			
Company stamp/Signature(s)/²Thumbprint(s)			
As in bank's records			

¹ Required if account holder is not the policyholder.

² For thumbprints, please go to any branch of your bank with identification document for verification.

- I/We instruct you to process the above Insurance Company's instructions to debit my/our account.
- You are entitled to reject the Insurance Company's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my/our last address known to you or upon receipt of my/our written revocation through the insurance Company.

Part 2 - For Great Eastern General Insurance Limited's Completion

SWIFT BIC	Great Eastern General Insurance Limited Bank Account No.
OCBCSGSGXXX	529025447002
Debiting SWIFT BIC	Debiting Account Number

Important Notes

GIRO Application

The processing of the application may take between 3 to 5 weeks. Outstanding premium payments are to be paid by cash, cheque or credit card. You will be notified in writing upon the approval of your application.

Receipts

Receipts will not be issued for payments made via GIRO. Please check your passbook/statement for confirmation of payment.

Cancellation

To discontinue the GIRO service, please inform Great Eastern General Insurance Limited on the termination in writing.

Part 3 - For Bank's Completion

To: Great Eastern General Insurance Limited

This application is hereby rejected (please tick) for the following reason(s):

- Signature/thumbprint# differs from Financial Institution's records.
- Signature/thumbprint# incomplete/unclear#
- Account operated by Signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others:

Please delete where inapplicable

Name of approving officer

Authorised signature

Date



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