

## BizProtect Plus Service

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\$10,000	-	
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\$100 per day up to 100 days	S\$250 per day up to 100 days	
5. Work Injury Compensation (Max salary up to \$3,000 per month)	3 non-manual indoor employees	3 non-manual indoor employees	
6. Public Liability at Insured's premises	S\$500,000	S\$500,000	
7. (a) Money In Premises (b) Money in Transit	S\$3,000 S\$3,000	S\$5,000 S\$5,000	
8. Personal Accident <sup>1</sup> (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	
<b>Basic Premium (before GST):</b>	<b>S\$208</b>		<b>S\$268</b>
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 0.06%	
2. Theft and Hold up (1st Loss Basis by forcible/violent entry)	S\$200,000	S\$ _____ x 0.13%	
3. All Risks on Contents and Stock-in-Trade (Excess \$200 for each and every loss)	S\$500,000	S\$ _____ x 0.18%	
4. Business Interruption/Additional costs of working	\$100 per day up to 100 days	S\$15	
5. Work Injury Compensation (Max salary up to \$3,000 per month) a. Administration Staff/Cashier b. Outdoor Sales c. 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\$35 per employee c. ____ x S\$155 per employee	
6. Public Liability at Insured's premises	S\$2,000,000	_____ unit x S\$20 (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 <sup>1</sup> (Class 1) Personal Accident <sup>1</sup> (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 <sup>2</sup>	S\$2,000,000	S\$ _____ x 0.05%	
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\$30 per employee	
12. Deterioration of Stocks (Time Excess: 12 hours)	S\$5,000	S\$ _____ x 0.20%	
<sup>1</sup> Personal Accident: Class 1: Office Workers Class 2: Supervisor/Sales/ Non-Manual Workers	<b>(A) Top-up Premium</b> (Sum total of 1 – 12)		
<sup>2</sup> Building must be of brick/tiles/concrete construction Premiums calculated are based on per location basis unless units are adjoining	<b>(B) Basic Premium</b> (Please Tick One)		<input type="checkbox"/> \$208 Standard Plan <input type="checkbox"/> \$268 Deluxe Plan
<b>Business/Risks covered</b> • Business which provides personal care & grooming and other services, e.g. Clinic, Hair and Beauty salon, Kindergarten, Spa	<b>(C) Annual Premium Before GST</b> (A + B)		
<b>Excluded Business/Risks</b> • Business occupied as Office cum Store (other than samples) • Business occupied as Office cum Factory • Premises not of brick/tile/concrete construction	<b>(D) Prevailing GST</b> (%GST x C)		
	<b>(E) Annual Premium After GST</b> ( C + D )		
	<b>(F) Discount</b> , 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
	<b>(G) Total Amount Payable After Discount</b> (E x No. of Years x Less Discount)		



## Interbank GIRO Application Form

### Part 1 - For Applicant's Completion

Date <span style="float: right;">(dd/mm/yy)</span>	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
<sup>1</sup> NRIC/FIN No.	
Contact No.	
Company stamp/Signature(s)/ <sup>2</sup> Thumbprint(s)	
As in bank's records	

<sup>1</sup> Required if account holder is not the policyholder.

<sup>2</sup> 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



Oversea-Chinese Banking Corporation Limited  
65 Chulia Street OCBC Centre Singapore 049513  
OCBC BBCSC hotline: 6538 1111 [www.ocbc.com](http://www.ocbc.com)