

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 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\$208		S\$268
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 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 0.05%	
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%	
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"/> \$208 Standard Plan <input type="checkbox"/> \$268 Deluxe Plan
Business/Risks covered • Business which provides personal care & grooming and other services, e.g. Clinic, Hair and Beauty salon, Kindergarten, Spa Excluded Business/Risks • Business occupied as Office cum Store (other than samples) • Business occupied as Office cum Factory • Premises not of brick/tile/concrete construction	(C) Annual Premium Before GST (A + B)		
	(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)		

BizProtect Plus Service Proposal Form

Important Notice:

1. Statement pursuant to Section 25 (5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, in respect of the risk that is being proposed. Otherwise, the Policy issued hereunder may be void.
2. This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

Note: Please complete in BLOCK LETTERS and tick where appropriate. All fields are mandatory unless declared otherwise.

PARTICULARS OF PROPOSER

Name of Insured (Company Name):											
Postal Address:		Postal Code ()									
Insured Location (if different from address given above):		Postal Code ()									
Type of Business/Trade		Business Registration No.									
Contact No. (Office)	(H/P)	(Fax)	Email								
Period of Insurance: From <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td></tr> </table> for _____ years				d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				

OTHER INFORMATION

What are the security systems present in the insured building/premises?

Fire Alarm System
 Grilled Windows/Doors
 Fire Extinguisher
 Burglary Alarm System
 Sprinkler System
 Others (Please give details): _____

Have you filed any insurance claims arising from your business operations in the last 3 years?

No
 Yes (Please provide the following details)

Date of Loss	Amount of Loss	Description of Loss

Is the premises solely occupied by you?

Solely
 Sublet/Share with others: Please advise type of other trade

Are all the property insured kept within the insured premises after business hours?

Yes
 No (Please give details): _____

Personal Accident (Details of the proprietor/partner(s)/director(s) to be insured under this Section)

Full Name (as in NRIC)	NRIC/Passport No.	Date of Birth (dd/mm/yy)	Occupation

Fidelity Guarantee (Details of the insured person(s) under this Section)

Full Name (as in NRIC)	NRIC/Passport No.	Date of Birth (dd/mm/yy)	Occupation

PROPOSER'S DECLARATION

1. We are located in a building of bricks, tiles and concrete construction.
2. All the persons proposed for Personal Accident cover are below 70 years old, in good health and free from any form of mobility problems, physical disabilities defect or infirmity.
3. No insurance company has declined or imposed any special terms on any of our previous insurances.
4. Our policy will be auto-renewed unless notice of termination is received by the Bank.

I/We agree that we shall under no circumstances hold OCBC Bank responsible or liable for any loss or damage whatsoever I/we may suffer arising directly or indirectly in connection with or as a result of (i) the sale, marketing, introduction or referral of the BizProtect Plus Plan or the general insurance policies by OCBC Bank to me/us, including any advice, quotes recommendations that may be provided by OCBC Bank to me/us in relation to the BizProtect Plus Plan or the general insurance policies, and (ii) this application form, including the information and answers given by me/us in this application, and the delivery of this application form or premiums, where applicable, by OCBC Bank to Great Eastern General Insurance Limited. For the avoidance of doubt, I/we acknowledge that the terms of this paragraph are for the benefit of OCBC Bank, and accordingly, OCBC Bank shall, in its absolute discretion, be entitled to enforce these term at any time. Except for OCBC Bank, this application form shall not confer any rights to any third part under the Contracts (Rights of Third Parties) Act (Cap 53B) to enforce any term of this application form.

I/We declare the particulars and statements given by us are true, correct and complete, and I/we agree that this proposal shall be the basis of the Contract of Insurance between me/us and Great Eastern General insurance Limited.

I/We agree to accept the policy issued hereunder subject to the terms and conditions expressed therein and warrant that I/we have not withheld any material information relevant to this proposal.

Signature of Proposer & Company Stamp Full Name & Designation Date

PREMIUM PAYMENT

Cheque payable to "GEG Insurance" (Bank _____ Cheque No.: _____)

FOR BANK'S USE

Attended by:	Sales Person	Staff ID	Contact no.	Business unit	Account code
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Remarks: _____ Checked by: _____

Interbank GIRO Application Form

Part 1 - For Applicant's Completion

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; padding: 2px;">Date</td> <td style="padding: 2px;"></td> <td style="text-align: right; font-size: small;">(dd/mm/yy)</td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Name of bank</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Bank account holder's name</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Bank account number</td> <td colspan="2" style="padding: 2px;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> </td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">¹NRIC/FIN No.</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Contact No.</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="3" style="background-color: #cccccc; padding: 2px;">Company stamp/Signature(s)/²Thumbprint(s)</td> </tr> <tr> <td colspan="3" style="padding: 2px; height: 100px;"></td> </tr> <tr> <td colspan="3" style="font-size: x-small; padding: 2px;">As in bank's records</td> </tr> </table>	Date		(dd/mm/yy)	Name of bank			Bank account holder's name			Bank account number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																						¹ NRIC/FIN No.			Contact No.			Company stamp/Signature(s)/ ² Thumbprint(s)						As in bank's records			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; padding: 2px;">Name of billing organisation</td> <td style="padding: 2px;">Great Eastern General Insurance Limited</td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Policyholder's name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Policy number</td> <td style="padding: 2px;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table> </td> </tr> </table>	Name of billing organisation	Great Eastern General Insurance Limited	Policyholder's name		Policy number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										
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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.

- a. I/We instruct you to process the above Insurance Company's instructions to debit my/our account.
- b. 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.
- c. 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