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Great Home Insurance Policy Proposal Form (Individual/Corporate)

STATEMENT Section 25(5)

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

Note to the Applicant

- This **Proposal** Form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for Great Home Insurance Policy.
- Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer and identify the question number concerned.
- In this **Proposal** Form:
 - "Applicant"** means the entity intended to be the insured, defined as the Insured in the Policy.
 - "Great American"** means the Great American Insurance Company - Singapore Branch.
 - "Policy"** means Great Home Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.

Part 1: Particulars of Applicant

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mdm. <input type="checkbox"/> Dr.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Surname _____	Given Name _____
NRIC/FIN/Passport No. _____	Nationality _____
Date of Birth _____ Age _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Correspondence Address: Hse/Blk No. _____	Street Name _____
Unit No. _____	Postal Code _____
Telephone No.: Home _____	Office _____
Mobile _____	
Email _____	Occupation/Profession _____

Part 2: Details of Property *(If different from address above)*

	Yes	No
Situation of Risk: Hse/Blk No. _____		
Street Name _____		
Unit No. _____		
Postal Code _____		
Is the above property constructed of brick or concrete and roofed with concrete or tiles and/or other non-combustible material? If no, please elaborate for underwriting consideration	<input type="checkbox"/>	<input type="checkbox"/>
Name of Mortgagee (if any) _____		
Type of Property: <input type="checkbox"/> HDB Flat <input type="checkbox"/> Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-detached <input type="checkbox"/> Bungalow <input type="checkbox"/> Other (Please Specify) _____		
Does the property belong to you?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify year built _____		
The property is occupied by: <input type="checkbox"/> Owner & Occupier <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant		

Premium Computation

Basic Premium _____

Plus Premium for Optional Covers _____

Total Premium Payable* (inclusive of GST) _____

Note: The prevailing Goods & Services Tax is applicable on the premium payable above.*Part 4: Questionnaire****Yes****No**During the last three years, have you ever suffered or incurred any loss under a similar insurance? Have you been declined or accepted on special terms under a similar insurance within the last two years? **If the answer to any of the above questions is yes**, please provide details below. (If more space is required, please write on separate sheet of paper and attach.)**Part 5: Warranty**

I/We hereby warrant and declare as follows:

1. I/We hereby declare that I/We have received, read and understand, or have been advised of and understand, the contents of the brochure and any information or material relating to Great Home Insurance Policy.
2. I/We understand and agree that no insurance is in force until an Application is accepted by the Company and a **Policy** is issued.
3. I/We are aware of and agree to abide by the **Policy's** terms, conditions and exclusions.

Part 6: False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Part 7: Personal Data Collection Statement

1. In order to process, evaluate, administer and/or manage any application, relationship, account and/or policy with **Great American**, **Great American** will necessarily need to collect, use, disclose and/or process personal data and/or personal information relating to any individuals proposed for coverage. Such personal data includes (i) information set out in this proposal form, (ii) any other personal information provided by the **Applicant** or already in the possession of **Great American** as previously provided by the **Applicant**, and (ii) the **Applicant's** claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
 - a. considering whether to provide the **Applicant** with the insurance under this **Proposal** including considering whether to accept any renewal request;
 - b. processing the **Applicant's** application for underwriting and insurance;
 - c. administering and/or managing the **Applicant's** relationship, account and/or policies with **Great American**;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under the **Applicant's** policies;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
 - f. carrying out the **Applicant's** instructions or responding to any inquiries by the **Applicant** and/or any other individuals covered in the **Applicant's** policies;

Part 7: Personal Data Collection Statement Continued

- g. dealing in matters relating to the services and/or products which the **Applicant** may be entitled to under the **Applicant's** policies,
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to this application, the **Applicant's** renewal request, the **Applicant's** claims or any other matter relating to the **Applicant's** policies, and whether or not there is any suspicion of the aforementioned; and/or
 - i. complying with applicable laws in administering and managing the **Applicant's** relationship with **Great American**.
3. **Great American** may/will also be collecting from sources other than the **Applicant** and individuals proposed for coverage, personal data about any such individuals, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Such personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers and reinsurance brokers) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the Purposes, and such Relevant Parties would be processing such personal data for **Great American** in relation to one or more of the Purposes.
5. By signing below, to the extent that the **Applicant** is submitting personal data or information relating to another individual, the **Applicant** represents and warrants that the **Applicant** has obtained that individual's consent:
- a. for the **Applicant** to provide such personal data or information to **Great American**;
 - b. for **Great American** to collect, use, disclose and/or process such personal data or information for the Purposes;
 - c. for **Great American** to collect such personal data or information from sources other than that individual and to use, disclose and/or process the same, for one or more of the Purposes;
 - d. for **Great American** to disclose such personal data or information to the Relevant Parties, for the Purposes; and
 - e. for **Great American** to transfer such personal data or information out of Singapore to the Relevant Parties, for the Purposes.
- The undersigned authorised officers of the **Applicant** have read and agree to the above.

Part 8: Important Notice

This product is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this **Policy** is automatic and no further action is required from the Insured. 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 a **Great American** servicing agent/broker or visit the GIA/LIA or SDIC websites: www.gia.org.sg, www.lia.org.sg or www.sdic.org.sg.

Part 9: Declaration and Signature

The undersigned authorised principal, partner or director of the **Applicant** hereby declares that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this Proposal and the proposed inception date of the **Policy**. Although the signing of this Proposal does not bind the undersigned on behalf of the **Applicant** or any potential Insured to effect insurance, the undersigned agrees on behalf of all potential Insured that this Proposal, all attachments and schedules hereto and the said statements herein, shall be the basis of and will be incorporated in the **Policy** should one be issued.

Signature of Applicant (For and on behalf of Insured Person(s))

Date

Part 10: Payment Options

Bank Transfer - Beneficiary Name: Great American Insurance Company
 Bank Name: DBS Bank Limited Singapore
 Bank Address: 12 Marina Boulevard,
 DBS Asia Central MBFC Tower 3,
 Singapore 018982
 SGD Account No.: 0039330324
 Swift Code: DBSSSGSG
 PayNow: UEN: T15FC0029B001



I hereby authorize "Great American Insurance Company" to debit my credit card account as specified below.

Credit Card Type Mastercard Visa

Credit Card No. _____

Expiry Date (MM/YYYY) _____

Cardholder's Name _____

Cardholder's Signature _____