

## A. Notice To The Proposed Insured Persons And Company

### 1. Disclosure of Relevant Facts

#### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Warning: Be aware of your duty of disclosure pursuant to Section 25 (5) of the Insurance Act (CAP 142).

#### Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

### 2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);

- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of insurance;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of insurance or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of insurance.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

**IMPORTANT**

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick the appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

**B. Details Of Applicant**

a) Name of the Company or Organisation.  
(Hereinafter referred to as the “Company” in this Proposal and in the Policy.)

b) Principal address

c) Email

d) Date the Company commenced business

e) Principal business of the Company

f) Is the Company  Listed  Unlisted

g) If listed, please detail the stock exchanges whereby the Company or its Subsidiary Companies are listed below

| Country Of Listing | Date Of Listing | Amount Raised<br>(Please Provide Currency) |
|--------------------|-----------------|--|
|                    |                 |  |
|                    |                 |  |

**C. Financial Position And Practices Of The Company**

a) Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due?  Yes  No

b) Does the Company have any plans to remove or replace its external auditor in the next 12 months?  Yes  No

c) Are any of your significant accounting practices, including revenue recognition, anticipated to change in the next 13 months?  Yes  No

If you have answered “Yes” to any of the above, please elaborate:

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**D. Capital Raisings**

Has the Company issued a prospectus or any other securities offering documents in the last twelve (12) months?  Yes  No

If “Yes”, please provide a copy of the document.

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## E. Shareholder Information

Does any shareholder, or associated group of shareholders, own or control (directly or beneficially) more than ten percent (10%) of the share capital of the Company?  Yes  No

If "Yes", please provide names of the shareholders and the percentage owned/controlled.

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## F. Merger, Acquisition Or Takeover Activity

a) Is the **Company** considering any merger, acquisition, takeover or divestiture proposal at present?  Yes  No

b) Is the **Company** subject to any takeover attempt, or has there been any attempted takeover of the **Company** in the last twelve (12) months?  Yes  No

If you have answered "Yes" to any of the above, please elaborate.

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## G. North American Operations

Does the **Company** conduct any business in the United States of America or Dominion of Canada or their territories or protectorates?  Yes  No

If "Yes", please provide the following details.

a) Total assets held in North America: US\$ \_\_\_\_\_

b) Total revenue generated from North America: US\$ \_\_\_\_\_

c) Does the **Company** have any American Depository Receipts (ADR) traded in the USA?  Yes  No

If "Yes", please provide the following details:

i) What level is the ADR? \_\_\_\_\_

ii) How many outstanding ADRs are there? \_\_\_\_\_

## H. Insurance Cover

a) Does the **Company** presently carry or has the **Company** ever carried Directors and Officers Liability Insurance?  Yes  No

If "Yes", please supply details:

Insurer \_\_\_\_\_

Expiry Date \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Retention \_\_\_\_\_

b) Has the **Company** or any proposed **Insured Person** ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?  Yes  No

If "Yes", please supply details.

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## I. Employee Information

a) Please complete the table below:

|                     | Location of Employees |                      |
|---------------------|-----------------------|----------------------|
|                     | USA/Canada            | Excluding USA/Canada |
| Number of Employees |                       |                      |

- b) Are all employment terminations reviewed prior to termination?  Yes  No
- c) Do you have an employee handbook?  Yes  No
- d) Do your employment procedures conform to local employment legislation?  Yes  No  
If you have answered "No" to any of the questions from (b) to (d), please elaborate:

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- e) Are you anticipating any redundancies, early retirements or downsizing in the next twelve (12) months?  Yes  No
- f) Have there been any **Employment Related Matters** or **Claims** in the last five (5) years?  Yes  No  
If you have answered "Yes" to any of the questions from (e) and (f), please elaborate:

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## J. Claims History Of Directors And Officers

After full enquiry,

- a) Has there been or is there now any prior or pending **Claim** against any proposed **Insured Person**, in their capacity as a director or officer of either the **Company** or any other company, organisation, association or trust?  Yes  No
- b) Has there been or is there now any prior or pending litigation against any proposed **Insured Person**?  Yes  No
- c) Do any circumstances exist that might give rise to a **Claim** against any proposed **Insured Person**?  Yes  No  
If you have answered "Yes" to any of the above, please elaborate.

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## K. Claims History Of Company

After full enquiry,

- a) Has there been or is there now any prior or pending action, litigation or other proceeding against the **Company**?  Yes  No
- b) Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the **Company**?  Yes  No
- c) Do any circumstances exist that might give rise to any event described under (a) or (b) above?  Yes  No  
If you have answered "Yes" to any of the above, please elaborate

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## L. Application For Cover

1. Limit of indemnity required: \_\_\_\_\_
2. Deductible/Excess requested: \_\_\_\_\_ (Each and Every Claim)

## M. Personal Data Protection Act (PDPA) 2012

### Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- 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 QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to [info.sing@qbe.com](mailto:info.sing@qbe.com)

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

|      |                        |
|------|------------------------|
| Name | Signature of Applicant |
| Date |                        |

## N. Declaration

I /We the undersigned authorised **Insured Person** or **Company**, after enquiry declare as follows:

- a) I am/We are authorised by each of the other Applicants to make this **Proposal**.
- b) I/We have read and understood the Notice to the Proposed Insured Persons or Company on the front of this **Proposal**.
- c) I/We have read this **Proposal** and the accompanying documents and acknowledge the contents of same to be true and complete.
- d) I/We understand that, up until a contract of insurance is entered into, I am/we are under a continuing obligation to immediately inform **QBE** of any change in the particulars or statements contained in this **Proposal** or in the accompanying documents.

Although the signing of this **Proposal** does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this **Proposal** and in the accompanying documents shall be the basis of the contract should a **Policy** be issued; and further, the Applicants acknowledge that the **Proposal** and the accompanying documents will be incorporated in the **Policy**.

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Name of Chairman/  
Managing Director/Chief Executive Officer

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Signature of Chairman/  
Managing Director/Chief Executive Officer

Date

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**Please enclose with this Proposal:**

- a) **The latest Annual Report or audited financial statements of the Company.**
- b) **The last Interim Statement of the Company (if applicable).**

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**Your Insurance Adviser or Broker**