

Professional Indemnity Directors' & Officers' Liability (Small & Medium Enterprises) Proposal Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

Statement pursuant to Section 25(5) of the Insurance Act, Singapore, (Cap 142): You are to disclose in this proposal form fully and faithfully all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void. (Please complete the form in block capitals, giving full and complete details, and crossing (X) the appropriate boxes. If space is limited, kindly attach a separate sheet.)

Policy Wordings are available upon request.

Name of Company (Hereinafter referred to as "Company" in this Proposal and in the Policy)

Principal address

Email

Contact No.

Please declare the following:

The Company (including all subsidiaries):

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| 1) Is not incorporated or domiciled in the U.S.A. or Canada | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 2) Has no assets, operations or revenue derived from the U.S.A. or Canada | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 3) Does not have securities (including shares and debt) listed on any stock exchange | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 4) Latest consolidated audited financial statements do not have an audit qualification, and total gross tangible assets exceed total liabilities | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 5) Has no previous or pending investigations, claims or circumstances made against the directors, officers, company or subsidiaries | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 6) Is not involved in information technology, pharmaceutical services, biotechnology, telecommunications, software development, financial services (including venture capital and private equity) or property development | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 7) Has continuously been in business for the past 24 months | <input type="checkbox"/> True | <input type="checkbox"/> False |

If the answer is "True" to all the questions above, please proceed to select the limit of liability to be purchased based on the total consolidated assets of the Company:

Premium table*

Limit of Liability	Total consolidated assets of Company (including all subsidiaries)									
	Less than S\$1,000,000		S\$1,000,000 - S\$8,000,000		S\$8,000,001 - S\$20,000,000		S\$20,000,001 - S\$35,000,000		S\$35,000,001 - S\$50,000,000	
	Premium payable (S\$) plus 7% GST									
S\$100,000	900		900		950		1,000		1,100	
S\$250,000	1,000		1,000		1,050		1,200		1,300	
S\$500,000	1,200		1,200		1,250		1,400		1,600	
S\$1,000,000	1,400		1,400		1,450		1,600		2,000	
S\$2,000,000	N.A.		1,550		1,700		1,900		2,500	
S\$3,000,000	N.A.		1,700		1,950		2,200		3,000	

S\$5,000 deductible is applicable for each & every claim.

Pursuant to the Insurance Act (CAP 142), the requirement of full and frank disclosure of the above information and anything which may be material to the risk for which you seek cover (eg. 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, otherwise the policy issued may be void

Name of Managing Director/Chief Executive Officer

Signature	Date
<i>*If you have answered "False" to any of the above questions, or require a limit of liability of more than S\$3,000,000 or your company has total consolidated assets of more than S\$50,000,000, please seek advice from your agent/broker.</i>	Agent/Broker's Name Producer Code Contact No.

Declaration

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

Signature and Company Stamp

Date

Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group Unique Entity No. 198401363C

1 Wallich Street, #35-01, Guoco Tower, Singapore 078881

Tel: (65) 6224 6633

www.qbe.com/sg