

## A. Notice To The Proposed Insured

### 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 (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.

### 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 cover;

- 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 cover;
- facts or circumstances of which you first became aware prior to the period of cover, 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 cover 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 cover.

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

### 3. Average Provision

Where the terms and conditions of the policy provides costs and expenses in addition to the limit of indemnity, if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, QBE's liability for costs and expenses incurred with QBE's consent shall be in such proportion thereof as the amount of indemnity available under the policy bears to the payment amount needed to dispose of the claim.

**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**

1. Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy)

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2. Your principal address

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3. Email

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4. Address(es) of branch offices or other locations

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5. Date on which your practice was established

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**C. Management And Personnel Details**

1. Please supply the following details

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practices

2. Please supply total numbers of
 

a) Partners/principals/directors _____	e) Non-technical administrative staff _____
b) Qualified staff _____	f) Clerical staff _____
c) Other technical staff _____	g) Other staff (please specify) _____
d) Trainee staff _____	

3. What is the total number of financial advisors who provide services on behalf of your firm? \_\_\_\_\_

4. Do you require the Policy to extend to cover such financial advisors?  Yes  No

5. Does the Practice always require and obtain satisfactory references when engaging employees?  Yes  No  
*For Sole Proprietors Only - Questions C6 and C7*

6. State the experience of your assistants and their length of service.  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?  
 \_\_\_\_\_  
 \_\_\_\_\_

## D. Details Of Practice

1. 1.1 Has the name of your practice ever been changed?  Yes  No  
 1.2 Has any other practice or business amalgamated or merged with your practice?  Yes  No  
 1.3 Have you purchased any other practice or business?  Yes  No

If you have answered "Yes" to either part D.1.1, D.1.2 or D.1.3, please supply details.

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2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business?  Yes  No  
 If "Yes", please supply details.

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3. Are you authorised by the MAS under the Financial Advisers Act to provide financial advice?  Yes  No

4. What is your FAA Licence No.? \_\_\_\_\_

## E. Details Of Activities

1. Please detail the approximate percentage of your fees, including commission, brokerage and/or other consulting fees derived from the following fields of work:

### Type of Work

#### Life Insurance Sales (complete question 2)

Endowment Life Insurance	_____	%
Global Health plans (Worldwide cover)	_____	%
Investment-linked Life Insurance	_____	%
Shield Plans (Medical or Eldershield enhancement)	_____	%
Term Insurance	_____	%
Universal Life Insurance	_____	%
Whole Life Insurance	_____	%
Others (please specify) _____	_____	%

#### Financial Planning

#### Investment Advice (complete question 3)

Alternative Investments (e.g. Hedge funds)	_____	%
Global Savings Accounts	_____	%
Unit Trust Sales	_____	%
Others (please specify) _____	_____	%

#### General Insurance Sales (complete question 4)

Accident & Health (Inc. Disability)	_____	%
Credit/Surety Insurance	_____	%
General Accident (Inc. Public Liability)	_____	%
Marine or Aviation	_____	%
Motor Insurance	_____	%
Personal Lines (e.g. Travel, Home)	_____	%
Professional Liability	_____	%
Property (Inc. Business Packages)	_____	%
Worker/Employee Compensation	_____	%

Others (please specify) \_\_\_\_\_ %

**TOTAL** **100** %

2. Complete if applicable (refer to question 1)

In respect of **Life Insurance** activities:

Please list the Life Insurance Companies you deal with:

Name of Company	% of client policies placed
	%
	%
	%

3. Complete if applicable (refer to question 1)

In respect of **Investment Advice**:

3.1 Do you promote or sell strategies that encompass:

- 3.1.1 Investments other than cash, bonds or liquid equity  Yes  No
- 3.1.2 Real estate property investments other than REITs listed on the SGX  Yes  No
- 3.1.3 Hedging strategies for either equity or foreign exchange  Yes  No
- 3.1.4 Unit trusts not listed on the SGX  Yes  No

If you have answered "Yes" to any of the above, please supply details:

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3.2 What percentage of your clients funds are placed directly with third party fund or equity asset managers \_\_\_\_\_ %

3.3 Are you financial associated (either directly or indirectly) with any of the fund or equity asset managers you use?  Yes  No

3.4 Do you engage in discretionary trading on behalf of your clients?  Yes  No

If you have answered "Yes" to either part E. 3.3 or E.3.4 above, please supply details:

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4. Complete if applicable (refer to question 1)

In respect of General Insurance placements are you licensed by MAS to place general insurance?  Yes  No

If "Yes", what is your licence number? \_\_\_\_\_

5. General Information:

5.1 Do you facilitate overseas investments for local investors?  Yes  No

5.2 Do you promote tax effective investments for expatriates or residents of Singapore with citizenship elsewhere (e.g. tax effective planning for UK Citizens working in Singapore)?  Yes  No

5.3 Do you hold a binding authority with any insurer (including cover note books or "immediate issue" policy pads)?  Yes  No

If "Yes", please provide details:

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5.4 Do you provide services to customers not resident in Singapore, or work for clients located overseas?

If "Yes", please provide details:

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## F. Risk Management

1. Please provide details of the methods of control used to monitor and supervise the activities of your appointed representatives.
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2. Are staff instructed never to sign proposal forms on behalf of clients?  Yes  No
3. Do you have set questionnaires that solicits relevant information about the clients'/ investors' specific needs and circumstances?  Yes  No
4. Do you have a standard letter or engagement outlining your duties and the respective clients responsibilities?  Yes  No
5. Do you have standard disclaimers or warranties that you use/apply with all advice? If "Yes" to Part F.3, F.4, or F.5 please provide a copy of these.  Yes  No
6. Are all contracts reviewed by a law firm experienced in your profession? If "No", please supply details on how you review and approve contracts.  Yes  No
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7. In respect of investment advice or financial plans
- 7.1 Are they individually tailored to meet the specific needs, goals and investment objectives of your respective clients?  Yes  No
- 7.2 Are they solely provided by registered advisors?  Yes  No
- 7.3 Are they counter reviewed and signed off by a financial advisory manager of the firm?  Yes  No
8. Do you guarantee the future performance of any investment or financial plan? If "Yes", please supply details.  Yes  No
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9. Do you maintain a list 'approved' investment products and other products you promote? If "Yes", how are these 'approved' products selected and how often is the list reviewed?  Yes  No  
If "No", how do you determine which products to promote?
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10. Do you engage consultants, sub-contractors or agents?  Yes  No  
If "Yes":
- 10.1 Do you insist they carry their own professional indemnity insurance?  Yes  No
- 10.2 Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?  Yes  No

## G. Financial Position Of The Corporation

1. Please advise the date of your financial year end \_\_\_\_\_

2. Please provide the amount of gross income/fees for the following

		Singapore	Other
a)	Estimated Coming year		
b)	Estimated Current year		
c)	Last year		

3. Please provide the amount of the largest annual fee for any one client and supply details of contract/work.

\_\_\_\_\_

\_\_\_\_\_

4. Please provide the approximate percentage of your activities (based on fee income) applicable to each country/region from which you derive a portion of your income.

Country	Singapore	Asia	Europe	USA/Canada	Other
Percentage of Income	%	%	%	%	%

## H. Claims Details

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?  Yes  No  
If "Yes", please supply details.

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\_\_\_\_\_

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against your practice or any of its predecessors in business or any prior practice of any of your practice's present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim?  Yes  No  
If "Yes", please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?

3. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against your practice or any prior practice or any of their present or former partners, principals or directors which matter is not referred to in question F.2 above?  Yes  No  
If "Yes", please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability

**I. Insurance Cover**

1. Does your practice presently carry, or has your practice ever carried, professional indemnity insurance?  Yes  No

If "Yes", please supply details:

Insurer \_\_\_\_\_

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

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

Deductible \_\_\_\_\_

2. Has your practice or any partner, principal or director 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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**J. Application For Cover**

1. Limit of indemnity required: \_\_\_\_\_

2. Deductible/Excess requested: \_\_\_\_\_

**When submitting this application, please remember to enclose a copy of:**

- 1. Your standard questionnaires that solicit relevant information about the client's/investors specific needs and circumstances
- 2. Your standard letter of engagement outlining your duties and the respective client's responsibilities
- 3. Your standard disclaimers or warranties

## K. 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	



## L. Declaration

I am/We the undersigned authorised partner, principal or director, after enquiry declare as follows:

1. I am/We are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/We have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/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 of insurance be effected; and further, the applicants acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

Name of Practice	Name of Partner, Principal or Director
Signed	Date

### QBE Specialist Risks Unit

QBE Insurance (Singapore) Pte Ltd  
1 Raffles Quay #29-10  
South Tower Singapore 048583  
Tel : (65) 6477 1233 • Fax : (65) 6534 3186  
[www.qbe.com.sg](http://www.qbe.com.sg)

### Your Insurance Adviser or Broker