



One policy
for all your
business risks



EQ Business Office provides comprehensive coverage in one policy at an affordable premium. This is ideal for business primarily involved in administrative work.

With our flexible package, we give you the added option to increase and enhance your coverage at an affordable rate for that extra protection.

■ MAJOR HIGHLIGHTS

All Risks

- Accidental loss of or damage to stock-in-trade, office equipment, furniture, fittings, fixtures, renovations and other office contents.
- Plate Glass Cover up to S\$5,000.
- Full Theft Cover (not consequent upon violent, forcible entry) up to S\$50,000.
- An excess of S\$200 each & every loss applies for all losses.

Consequential Loss

- Amount of daily benefit payable up to a maximum period of 100 days in the event of interruption or interference to your business as a result of the closure of the whole premise resulting from loss of or damage by a loss covered under "All Risks" Section.

Money

- Money lost during transit or in the insured premise up to the limit stated in the Schedule, including Money kept in locked drawers/safes in proprietor's/partner's/director's residence after business hours up to a maximum of S\$500.
- Automatic Increase in Sum Insured by 100% for Weekends and Public Holidays.
- Personal Accident (Assault) Cover for 2 employees at S\$10,000 each.

Personal Accident

- Lump-Sum benefit for accidental death or injury or permanent disablement to the proprietor/partner(s)/director(s) not exceeding 75 years of age (last entry age – 65 years).
- Covered for 24 hours, anywhere in Singapore.
- Maximum of 2 Insured Persons at S\$50,000 each.
- Medical Expenses incurred as a result of accident up to S\$500 per Insured Person.

Public Liability

- Legal liability for third party property damage and/or bodily injury caused by or arising from your business.

Goods in Transit

- Loss or damage to goods relating to your business during transit by vehicle within Singapore up to S\$2,000.

Fire and Extraneous Perils on Buildings OPTIONAL

- Cost of re-instatement, repair or replacement arising from the loss or damage to insured Building by fire, lightning, explosion or an insured peril.
- Maximum sum insured of S\$2,000,000.

Fidelity Guarantee OPTIONAL

- Direct pecuniary loss to you arising from any act of fraud or dishonesty committed by any of the insured employee up to S\$5,000 within the period of insurance.

Work Injury Compensation OPTIONAL

- Coverage for work-related injury or occupational disease sustained by your employees during the course of employment and in accordance to the Work Injury Compensation Act (WICA) of Singapore.
- Legal liability of Common Law claims by your employees against you up to a maximum of S\$10,000,000.

Excluded businesses and/or activities:

- Events and Exhibition organizers
- Financial institutions
- Surveyor and/or loss adjusting firms

This plan does not cover risks:

- Where premise is being used also as a storage and/or manufacturing operation
- Outside of Singapore
- Premise not of brick/tile/concrete construction and/or with property kept in open or without perimeter fence and/or security

Call us today:



This policy is protected under the Policy Owner's 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 EQ Insurance Company Limited or visit the GIA or SDIC websites.

Important Note: This brochure is for general information only and is not a contract of insurance. The precise terms, conditions and exclusions of this insurance product are specified in the policy contract.

EQ Business - Office Application 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, otherwise the policy issued hereafter may be void.
- 2) No insurance is in force until EQ Insurance confirms acceptance of this Proposal.
- 3) If your proposal is accepted, it is a condition precedent to our liability under the Policy that the premium must be received by us within 60 days from date of inception of this insurance; failing which, the Policy shall be deemed automatically terminated and a pro-rata premium will be charged for the period (maximum 60 days) that we are on risk.

Agent / Broker	Code	Period of Insurance (From _____ To _____)
----------------	------	---

DETAILS OF PROPOSER

Full Name	
Address	Postal Code ()
Contact No. (Office) (H/P) (Fax)	Email
Nature of Business	Business Registration No.
Number of Years in Business	Mortgagee (if any)

THE RISK PREMISE

Location of Risk (Address)	Postal Code ()
Ownership of Building: <input type="checkbox"/> Purchased <input type="checkbox"/> Rented	Construction (* delete as appropriate): Is the premise constructed of brick / tiles / concrete? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy: Is the premise shared with others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state its nature of business: _____	
Fire Preventive Systems of Premise (Please refer to us if you do not have any of the following): <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Hose Reel <input type="checkbox"/> Others (Please give details): _____	
Security Systems of Premise (Please refer to us if you do not have any of the following): <input type="checkbox"/> CCTV <input type="checkbox"/> Burglary Alarm System <input type="checkbox"/> Grilled Windows/Doors <input type="checkbox"/> 24-hour Security Guard <input type="checkbox"/> Others (Please give details): _____	

PERSONAL ACCIDENT (Details of the proprietor/partner(s)/director(s) to be insured under this Section with entry age not exceeding 65):

Full Name (as in NRIC)	NRIC No.	Gender	Date of Birth	Occupation

OTHER INFORMATION

(a) Have you ever suffered a loss or made a claim in the last 3 years? If yes, please give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Has any insurance (for the risk proposed) been cancelled due solely or in part to a breach of premium payment warranty in the last 12 months? If yes, please give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) In respect of risk to be insured, has any previous insurer refused to give cover, renew or imposed any special terms? If yes, please give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREMIUM PAYMENT

I would like to pay my premium by:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque payable to "EQ Insurance Company Limited" (Bank / Cheque No.: _____)
<input type="checkbox"/> Please charge S\$ _____ to my Visa / Mastercard*	Name on Credit Card: _____ (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling) Tel No.: _____ Card No. □□□□ - □□□□ - □□□□ - □□□□ Expiry Date □□ - □□□□ Security Code □□□
(*Delete where appropriate) Signature of Cardholder (As in Credit Card) _____ Date (dd/mm/yyyy) _____	

PROPOSER'S DECLARATION

We/I hereby declare and warrant that the answers/ information given above in every respect are true and correct and we/I have not withheld any information likely to affect the acceptance of this proposal and we/I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves/myself and we/I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

Signature & Company stamp

Date

	OFFICE				
Basic Cover	Basic Sum Insured/ Limit	Top-Up Sum Insured/ Life Maximum Top-Up	Top-Up Rate	Top-Up Premium	
1. All Risks (Excess: S\$200 each & every loss) Compensation for accidental loss of or damage to stock-in-trade, office equipment, furniture, fittings, fixtures, renovations and other office contents - Plate Glass Cover up to S\$5,000 - Full Theft Cover up to S\$50,000	S\$100,000	S\$ _____ (Up to S\$900,000)	0.125%	S\$ _____	
2. Consequential Loss Daily Benefit up to 100 Days	S\$200 per day	S\$ _____ per day (Up to S\$100 per day)	S\$12.50 per S\$50	S\$ _____	
3. Money Compensation for loss of Money belonging to the insured during Transit or in the insured premise. (a) Money in Transit (b) Money in Premise (Up to limit of S\$3,000 in locked drawers/cabinets/cash registers after business hours) (c) Money in proprietor's/partner's/director's residence kept in locked drawers/safes after business hours	S\$3,000 S\$3,000 S\$500	S\$ _____ S\$ _____ Up to S\$17,000 each for Money in Transit and Money in Premise) N.A.	0.50% 0.50% N.A.	S\$ _____ S\$ _____ N.A.	
4. Personal Accident Compensation for accidental death or injury to the director(s)/partner(s)/proprietor resulting in: (a) Death/Permanent Disablement (b) Accidental Medical Expenses	Up to 2 Persons S\$50,000 each S\$500 each	Additional _____ person(s)	S\$30 per person	S\$ _____	
5. Public Liability Compensation for legal liability for third party claims arising from bodily injury and/or damage to property caused in connection with your business	S\$500,000	S\$ _____ (Up to S\$1,500,000)	S\$25 per S\$250,000	S\$ _____	
6. Goods In Transit Loss or damage to goods relating to your business during transit within Singapore	S\$2,000	N.A.	N.A.	N.A.	
(A) Basic Cover Premium (Inclusive of GST)	S\$192.60	(B) Total Top-Up Premium S\$ _____			
Optional Cover	Category	Sum Insured	Rate	Additional Premium	
7. Fire and Extraneous Perils on Building Compensation for loss of or damage to building due to fire and extraneous perils		S\$ _____ (Up to S\$2,000,000)	0.05%	S\$ _____	
8. Fidelity Guarantee Compensation for pecuniary loss arising from any act of Fraud or Dishonesty committed by insured Employee(s) - Limit: S\$5,000 any one occurrence and in the aggregate		No.: _____ employee(s) (Up to 10 employees)	S\$15 per employee	S\$ _____	
9. Work Injury Compensation Compensation to your employee(s) for death or bodily injury arising out of and in the course of employment. Cover subject to:- - Total annual wages not exceeding S\$1,000,000 ** Definition of Annual Wages <i>The Annual wages, salaries and other monetary earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but excluding travelling allowances and employers' CPF contributions.</i>	- Administrative/ Management - Office Cleaner - Sales/Purchasing/ Engineers - Driver/Despatch/ Others	Headcount _____ _____ _____ _____	Estimated Annual Wages** S\$ _____ S\$ _____ S\$ _____ S\$ _____	0.08% 0.40% 0.20% 1.00%	S\$ _____ S\$ _____ S\$ _____ S\$ _____
(C) Total Optional Cover Premium				S\$ _____	
Total Premium: (A) + (B) + (C)				S\$ _____	
GST Payable				S\$ _____	
Premium Payable inclusive of GST				S\$ _____	

PREMIUMS ARE ON A PER LOCATION BASIS