

Homes Advantage *Package* Proposal Form

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PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

UNIQUE PLAN BENEFITS

- ✓ First Loss Policy
- ✓ Full Theft Cover for contents
- ✓ High limit of coverage for unscheduled contents up to \$10,000 per item
- ✓ Worldwide Personal Liability of up to \$1 million

MAIN COVERAGE	CLASSIC (max. limit)	SUPERIOR (max. limit)	PREMIER (max. limit)
Building	\$85,000	\$135,000	\$225,000
<ul style="list-style-type: none"> • Covers loss or damage to the building¹ arising from insured perils. • Covers up to 20% of the sum insured for the building for loss of rent should your insured premises be made uninhabitable due to insured perils¹. • Covers legal claims made against you by your tenant due to accidental bodily injury or damage to property occurring within the insured premises. 			
Contents	\$20,000	\$35,000	\$50,000
<ul style="list-style-type: none"> • All risks cover for your household contents⁴ such as interior decorations, fixtures and fittings, valuables and personal belongings in the insured premises with high limit of coverage per unscheduled item of up to \$10,000 each. • Covers up to \$1,000 to replace or repair of your damaged home security system due to theft. • Covers up to \$500 to replace your residence's locks and keys due to theft within insured premises. • Covers up to \$1,000/occurrence for medical expenses as a result of injury due to theft or robbery within insured premises. • Covers up to \$500 for loss of personal cash. • Covers up to \$250/occurrence for frozen food spoilage⁴. 			
Worldwide Personal Effects		\$2,000	
<ul style="list-style-type: none"> • Covers you and your family² against loss or damage to your personal effects^{3,4} whilst outside of your residence and/or when you are travelling. • Coverage of up to \$1,000/occurrence for medical expenses incurred from injury caused by theft outside of your residence. • Coverage of up to \$1,000/occurrence for monetary loss or damage suffered by you due to ATM assault⁴. 			
Alternative Accommodation	Complimentary	Up to 10% on the sum insured for building, 20% on the sum insured for contents, or \$20,000, whichever is the lowest	
<ul style="list-style-type: none"> • Covers alternative accommodation expense if your insured premises is made uninhabitable due to insured perils¹. 			
Worldwide Personal Liability	Complimentary	\$1,000,000	
<ul style="list-style-type: none"> • Covers you and your family against potential third party claims for bodily injuries or damages to their properties. 			
ANNUAL PREMIUM (inclusive of 7% GST)	\$199.82	\$285.42	\$394.56
<p>Note</p> <p>¹ Insured Perils include fire, lightning, explosion, aircraft or articles dropped therefrom, impact with the building by any road vehicle not belonging to or under your control or member of your family, bursting and overflowing of water tanks, water apparatus or water pipes, theft or attempted theft, hurricane, cyclone, typhoon or windstorm including flood or overflowing of the sea, riots, malicious damage, earthquake or volcanic eruption, including flood or overflow of the sea and accidental breakage of fixed glass.</p> <p>² Family refers to any member of your family related to you by blood, through marriage or by adoption under any written law, including domestic servants, room-mates and co-owners ordinarily residing in your residence.</p> <p>³ Personal effects refer to your personal belongings which was physically carried or worn by you at the time of loss or damage, but excludes cash or its equivalent and any personal belongings or contents in your residence.</p> <p>⁴ Excess applies for each and every claim, subject to Policy terms and conditions.</p> <p>The above is a simplified tabled description of the plan features and is not exhaustive. All the benefits are subject to policy terms, conditions and exclusions which are set out in the Policy.</p>			

PROPOSER'S DETAILS

Name (Mr./Mrs./Ms./Mdm./Miss.) _____

 NRIC/Passport No. _____
 Date of Birth (DD/MM/YY) _____ Marital Status _____
 Nationality _____
 Occupation _____
 Name of Employer _____

CONTACT DETAILS

Correspondence Address _____
 _____ Postal Code _____
 Tel (HP) _____ (H) _____
 (O) _____ Fax _____
 Email _____

RISK LOCATION

Risk Location (if different from correspondence address) _____
 _____ Postal Code _____
 Type of Dwelling:
 Bungalow Semi Detached Terrace Condominium HDB
 Others (please specify) _____
 Is the Property more than 50 years old? Yes No

SECURITY DETAILS

1. Is there a safe for the storage of valuable items?
 Yes No

OCCUPANCY & USE

1. Are you residing in the property as:
 Owner Tenant Others (please specify) _____

2. Is it likely to be left unoccupied for more than 30 consecutive days in any one calendar year?
 Yes No

3. Is it used for any business, trade or professional purpose?
 Yes No

LOSS HISTORY

1. Have you made any claims on similar insurance in the last 3 years?
 Yes No
 (if yes, please provide details) _____

2. Have you been declined similar coverage by an insurance company in the last 3 years?
 Yes No
 (if yes, please provide details) _____



PLAN OPTIONS

A) MAIN COVERAGE (Please tick preferred option)	<input type="checkbox"/> Classic	<input type="checkbox"/> Superior	<input type="checkbox"/> Premier
Annual Premium (inclusive of 7% GST)	\$199.82	\$285.42	\$394.56

B) OPTIONAL PLUS COVERAGE (applicable with selection of main coverage)	Max. Limit	Premium (inclusive of 7% GST)
Worldwide Identity Fraud Cover		
Covers your monetary loss resulting from identity fraud with choice of individual or family plan	\$10,000 \$20,000	Individual <input type="checkbox"/> \$37.45 <input type="checkbox"/> \$80.25 Family <input type="checkbox"/> \$64.20 <input type="checkbox"/> \$128.40
Multi Appliances Extended Warranty		
Covers your appliances and equipment against mechanical and electrical failure with choice of: a) Kitchen Products* or b) Home Products**	\$2,000 \$2,000	<input type="checkbox"/> \$149.80 <input type="checkbox"/> \$304.95
Bicycle Cover		
Covers loss or damage to one bicycle as a result of theft outside of your residence	\$1,000	<input type="checkbox"/> \$26.75
Tenant's Liability		
Covers the tenant's legal liability to the landlord	\$100,000	<input type="checkbox"/> \$53.50
TOTAL PLUS PREMIUM PAYABLE		\$
(A+B) TOTAL PREMIUM PAYABLE (inclusive of 7% GST)		\$

- * Kitchen products include Cooker Hood, Cooker Hob, Conventional Oven, Microwave Oven, Refrigerator, Washer, Dryer, Washer Dryer Combo and Dishwasher that are less than 5 years old at the time of claim.
** Home products include Cooker Hood, Cooker Hob, Conventional Oven, Microwave Oven, Refrigerator, Washer, Dryer, Washer Dryer Combo, Dishwasher, Television, Air-Conditioner, Audio Equipment and Video Equipment that are less than 5 years old at the time of claim.

PERIOD OF INSURANCE

Proposed period of insurance to take effect from _____ for 1 year.

PAYMENT MODE

- By Credit Card**
- Visa Mastercard AMEX for \$ _____
- Card No.: _____
- Expiry Date (MM/YY) _____
- Cardholder's Name: _____
- By Cheque**
- Please make cheque payable to **Chartis Singapore Insurance Pte. Ltd.** for \$ _____
- Cheque No.: _____ Bank: _____
- By Cash**

IMPORTANT

- a) No insurance is in force until premiums are received and the policy accepted by Chartis Singapore Insurance Pte. Ltd. (Chartis).
b) This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are set out in the Policy.
c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from this Policy.

DECLARATION & AUTHORISATION

- I/We declare:
- a) That in respect of any of the risks to be insured:
i) No loss, damage, injury or liability has arisen in the last few years; and
ii) There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
b) That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between Chartis Singapore Insurance Pte. Ltd. (Chartis) and myself/ourselves if the application is being approved.
c) And I agree on behalf of myself/ourselves and any person(s), firm or corporation that any information collected or held by Chartis (whether contained in this Application or otherwise obtained) may be used and disclosed by Chartis to associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which Chartis believes may be of interest to me/us, and to communicate with me/us for any purposes.
d) Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
e) That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
f) That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.

Signature of Proposer _____ Date _____

Producer's Name : **AA Insurance Services Pte Ltd**

Producer's Code : **503487**

Producer's Contact No.: **6389 4241**

FOR OFFICIAL USE

Campaign Code: Classic AGTHAP10CL Superior AGTHAP10SU Premier AGTHAP10PR

Chartis Exclusive Multi-Policy Discount Form for Homes Advantage *Package*

Enjoy 5% discount off your Homes Advantage *Package* policy if you have an existing annual consumer lines' policy with us!

Existing Policy Information

Individual Policy Type: Motor / Home / Golfers' Ins. / ID Guard / Travel / Accident & Health / Others (please specify) _____
(please circle where applicable)

Plan Name: _____ Policy Number: _____

Terms & Conditions

The 5% discount is applicable for:

- a) Homes Advantage *Package* plan only; and
b) Policyholders with an in-force annual consumer lines' policy

I declare and warrant that the information furnished above are true and correct and **Chartis Singapore Insurance Pte. Ltd.** reserves the right to recover any discount wrongly accorded as a result of my declaration herein.

Signature of Proposer: _____

Date: _____