



BUSINESS PROTECTOR PLUS

Clinics



**AFFORDABLE
PRICE**



**FLEXIBLE &
UNIQUE**



COMPREHENSIVE

BUSINESS PROTECTOR PLUS - CLINICS

If you own a clinic or a Traditional Chinese Medicine clinic (TCM), you know the costs of doing business are high. Therefore, what would happen if any of your equipment was stolen or if there was damage to your premises? There is a chance you may not be able to continue your business and could lose critical income.

Business Protector Plus - Clinics, is especially designed for medical clinics, dental clinics, specialist clinics, TCM clinics and medical halls with TCM, offering comprehensive cover to protect your business and cash flow.

Protect your business with these benefits^



PROTECT YOUR ASSETS

- Physical loss or damage to stock and equipment
- Against fire, theft and accidental damage



PROTECT BUSINESS OPERATIONS

- In the event of a total closure of your business
- From legal liability to third parties for property damage or personal injury
- Against fraudulent or dishonest acts by employees



PROTECT YOUR EMPLOYEES

- Compensation payable to employees for accidental injuries or death
- Defence costs for employee work injury claims

NEW ENHANCEMENTS^

- Up to S\$500 reimbursement for cleaning expenses due to flooding
- Increased maximum period of consequential loss to 150 days and compensation of up to S\$750 per day
- Extends coverage for interruption to your business in the event of murder or suicide happening on your premises
- Reimbursements up to S\$50,000 for medical expenses under Work Injury Compensation Act

Additional Discounts!

10%

No Claims Discount*
on renewals

5%

For 3-5
outlets

Group Discount

10%

More than
5 outlets

*only applicable if there is no claim during preceding 12 months

WHAT WE COVER[^]

All Risks

Coverage on your business assets such as stock, equipment, furniture, furnishings, fixtures and fittings while at your premises against accidental physical loss or damage

- Full Theft Limit - up to 10% of sum insured subject to a maximum of S\$50,000.
- Excess - 0.50% of loss subject to a minimum of S\$350, except for fire, lightning, explosion, or theft by violent and forcible entry or exit.

Consequential Loss

Reimbursement of an insured amount for each day that your business is interrupted up to a maximum of 150 days after one day of suspension of your business.

Money

Protects money stolen during business hours and money kept in a locked drawer, cash register, safe in the premises or whilst in transit anywhere in Singapore

- Money kept in a locked drawer/cash register is capped at S\$5,000 in aggregate.
- Warranted that while transiting with money above S\$20,000 is accompanied by two authorised able bodied employees.

Plate Glass

Coverage on the plate glass (including lettering and ornament) at your premises against breakage or damage

- Excess - \$250 for each and every claim.

Work Injury Compensation

Protects you from your legal liability to your employees for a Work Injury Compensation Act claim if they suffer accidental death or injury during the course of their employment. Defence costs in respect of such a claim.

Public Liability

Legal liability coverage for accidental bodily injury or property damage caused to third parties within Singapore

- Sub Limit for Food & Drink Liability - S\$100,000 for any one accident and aggregate.
- Excess - S\$250 for each and every claim.

Fidelity Guarantee

Covers you against direct pecuniary loss arising from any fraudulent act or dishonesty by your employees.

Personal Accident

Covers you if any insured person suffers from death or permanent disability caused by violent, accidental, external and visible means in Singapore

- All insured persons must be aged between 16 and 65 years at the time of enrolment.
- Applicable to Class 1 occupations (professional and administrative duties of a mainly sedentary nature) and excludes works on board vessels.

EXCLUDED TRADES/BUSINESSES

- Veterinaries and animal clinics
- Medical halls without TCM
- All clinics including specialist clinics or TCMs located within hospitals or infirmaries

[^] Subject to the terms and conditions of the Policy

BUSINESS PROTECTOR PLUS - CLINICS PROPOSAL FORM

Important Notes:

1. Pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
2. No insurance is in force until this application is accepted by us in accordance with policy terms, conditions and exclusions.
3. If your proposal is accepted, it is a condition precedent to our liability under the policy that the premium must be paid to and actually received in full by us within 60 days from the inception date of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.



PARTICULARS OF PROPOSER

Name of Proposer:

Correspondence Address:

Location of Insured Property:

(If different from above)

Name of Landlord:

(if applicable)

ROC Number:

Description of Trade/Occupancy:

Contact Number:

Fax:

Email Address:

Period of Insurance: (From)

(To)



DETAILS OF INSURANCE

I declare that my/our business meets the following requirement:

The business has not made any insurance claims on any type of liability insurance in the last 3 years?

☐ Yes ☐ No*

Are all the entrances to the business premise protected with either roller shutter, glass door/iron grilles or padlock and are in working order?

☐ Yes ☐ No*

The business premise is constructed of either brick/tile/concrete/or other non-combustible material?

☐ Yes ☐ No*

The premise is equipped with either working and maintained fire extinguishers or working and maintained fire alarm?

☐ Yes ☐ No*

The premise is solely occupied by my business only and is not a shared premise.

☐ Yes ☐ No*

The premise is not situated at light industrial area or a pre-war shop house?

☐ Yes ☐ No*

I have no employees earning above S\$5,000 per month.

☐ Yes ☐ No*

My business is a pandemic preparedness clinic (as per the Singapore Public Health Preparedness Scheme).

☐ Yes ☐ No*

The business and its employees and directors have not been convicted of any offence or received any demerit points under the public hospitals and Medical Clinics Act or other regulations.

☐ Yes ☐ No*

The business has not been declined insurance, had its insurance cancelled, refused renewal terms or has been subject to any special terms by any other insurance company.

☐ Yes ☐ No*

***If any of the above answer is NO, please contact your intermediary or email to sg.customerservice@awac.com**



BUILD YOUR OWN INSURANCE COVER

COMPULSORY COVER

Coverage	Maximum Sum Insured/Limit of Indemnity/No of Employees	Sum Insured/ Limit of Liability/ No of Employees	Premium Rates	Premium = Sum Insured x Premium Rates
Property All Risks	S\$5,000,000			
Furniture, Fixtures & Fittings		<input type="text"/>	0.15%	<input type="text"/>
Contents		<input type="text"/>		<input type="text"/>
Stocks		<input type="text"/>		<input type="text"/>
Rent: _____ (month) <i>Number of months to be covered</i>		<input type="text"/>		<input type="text"/>

Total

(Subject to minimum premium of S\$150)

Free Cover

- Consequential Loss - S\$250 per day up to 150 days
- Money in premise/transit (sub limited to S\$5,000 in locked drawer/cash register) - S\$10,000
- Plate Glass (first loss basis) - S\$5,000

TOP UP COVER

Consequential Loss	Maximum additional top up S\$500 per day up to 150 days	<input type="text"/> <i>(Sum insured per day)</i>	30%	<input type="text"/>
Money	Maximum additional top up S\$40,000	<input type="text"/>	0.50%	<input type="text"/>
Plate Glass	Maximum additional top up S\$15,000	<input type="text"/>	0.50%	<input type="text"/>

OPTIONAL COVER

Work Injury Compensation	Maximum 20 employees subject to maximum salary of S\$5,000 per employee per month	<input type="text"/> <i>(no. of employees)</i>	S\$20 per pax	<input type="text"/>
Public Liability	S\$5,000,000	<input type="text"/>	0.012%	<input type="text"/>
Fidelity Guarantee	S\$5,000 per occurrence and S\$10,000 in aggregate (max 20 employees)	<input type="text"/> <i>(no. of employees)</i>	S\$20 per pax	<input type="text"/>
		Occupation:	<input type="text"/>	

Note: The premium is per location basis unless units are adjoining



BUILD YOUR OWN INSURANCE COVER

OPTIONAL COVER

Coverage	Maximum Sum Insured/Limit of Indemnity/No of Employees	Sum Insured/ Limit of Liability/ No of Employees	Premium Rates	Premium = Sum Insured x Premium Rates
Group Personal Accident	Maximum S\$100,000 per employee (max 20 employees)	<input type="text"/> <i>(no. of employees)</i>	0.05%	<input type="text"/>
Details of Employees to be covered (for Group Personal Accident)				
Name	NRIC/FIN/WP No	Date of Birth	Occupation	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Due				<input type="text"/>
GST (7%)				<input type="text"/>
Total Premium				<input type="text"/>



DECLARATION

I/We acknowledge that we have read and understood the Important Notes contained in this Proposal Form.

I/We declare, after all due enquiry, that to the best of my/our knowledge and belief:

- All answers given in this Proposal Form are true, accurate and complete in every detail; and
- All material facts affecting the assessment of the risks have been declared.

I/We declare and agree that this Proposal Form and Declaration, together with all other documents and information submitted, shall be the basis of the contract between me/us and Allied World Assurance Company, Ltd (Singapore Branch) ("Allied World"), subject to all the terms and conditions of the policy as issued or as otherwise specifically varied in writing by Allied World. No insurance policy shall be deemed to be in force until this Proposal Form has been accepted by Allied World, and the premium fully paid.

I/We undertake to advise Allied World of any alteration to the risks proposed and to exercise all reasonable precautions for the safety of the Property and Employees insured.

If this Proposal has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers provided to Allied World.

I/We declare that I/we fully understand and agree that the benefits under the Personal Accident section of this policy will only be payable upon an accident occurring.

I/We consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, disclosing and processing my/our personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://www.alliedworldinsurance.com/singapore>, including disclosing my/our personal data to Allied World's third party service providers and agents, and transferring personal data outside Singapore. If I/we have provided or will provide information to Allied World about our employees or any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

I consent to Allied World sending me marketing, promotional or other messages via telephone:

☐ Voice call ☐ Text message

Please note if you decide you no longer wish to receive offers from us via telephone and/or text message, you can opt out at any time by submitting a request via our website at www.alliedworldinsurance.com/Singapore. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

Signature/Company Stamp

Date



PAYMENT INSTRUCTIONS

(Important Notice: Under the GIA Premium Payment Framework – receipt of payment is required before the inception of the Policy.)

☐ **BY CREDIT CARD** Please charge S\$: to my **Visa/MasterCard**
(*Delete where appropriate)

Credit Card No.: CVV2 No.: (last 3 digits behind Credit Card on the signature panel)

Name on Credit Card:

Name of Issuing Bank: Expiry Date:

Signature: (as on your credit card)

I/We agree to pay the premium according to the mode of payment chosen and I/we hereby authorise Allied World to charge the stated annual premium to the following credit card/bank account. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

I/We understand and agree that in the event of a refund from Allied World, payment will be made to the Insured/Policyholder stated above.

☐ **BY CHEQUE** I enclose my Cheque/Bank No.:

for S\$ crossed and made payable to **Allied World Assurance Company, Ltd.**

This policy is protected under the Policy Owners' 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 your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



ADDITIONAL NOTES



INTERMEDIARY NAME/CODE

ABOUT ALLIED WORLD

Allied World is an international business founded on personal relationships.

Today, we have over 1,400 employees in 20 offices around the world, and we continue to build innovative solutions for individuals, small businesses and large corporations.

We take the time to talk, listen and develop long-term relationships. The better we understand your needs, the better we can serve you. We're nimble and responsible, yet large enough to be experienced and financially secure.

Allied World Assurance Company, Ltd

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Coverage will be underwritten by the Singapore branch office of Allied World Assurance Company, Ltd, which is regulated by the Monetary Authority of Singapore. Coverage is only offered subject to local regulatory requirements. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued. © 2019 Allied World Assurance Company Holdings, Ltd, a Fairfax company. All rights reserved.