

HOME PROTECTOR™ BASIC



Protecting the things you cherish
with Home Protector Basic



HOME



BELONGINGS



ACCIDENTS

PROTECTING YOUR HOME

Home is more than just a place you live in. It is your sanctuary where sweet memories are made and the things you cherish are kept. Naturally you want to protect your home in the best possible way. Our Home Protector Basic plan is flexible and comprehensive, tailored to meet all your home protection needs, supported by a 24/7 Emergency Hotline for assistance on any home emergency.

HOW CAN HOME PROTECTOR BASIC HELP YOU?

It provides:

- Comprehensive Benefits with up to 12 FREE extensions
- Flexible coverage to meet all your needs
- If home is not liveable after damage:
 - Loss of rental income; or
 - Cost of alternative accommodation;
 - Cash Relief
- Free 24/7 Worldwide Personal Liability for Insured and Family
- Tenants' liability coverage
- 24-hour Home Emergency services
- Free Personal Accident Coverage (including related Medical Expenses) for accidents in the home



SUMMARY OF COVERAGE

SUMMARY OF BENEFITS [^]	MAXIMUM BENEFITS ^{*(S\$)}
SECTION 1 – BUILDING OR RENOVATION Covers against damage caused by fire, storm, flood, break-in, impact by vehicles and riot & strike	
1. Building or renovation	Sum Insured as proposed
2. Loss or Rent/Reasonable Alternative Accommodation when home is rendered uninhabitable	10% of Sum Insured (up to S\$10,000)
3. Architects' or Surveyors' Fees	10% of Sum Insured (up to S\$10,000)
4. Removal of Debris	5% of Sum Insured (up to S\$5,000)
5. Emergency Entry	750
6. Cash Relief if home is rendered uninhabitable more than 5 days	750
7. Accidental Breakage of Fixed Glass forming part of the Building or Renovation	500
SECTION 2 – CONTENTS Covers against damage caused by fire, storm, flood, break-in, impact by vehicles and riot & strike	
1. Contents (Valuables not more than 1/3 of contents; S\$2,500 per article/pair/set)	Sum Insured as proposed
2. Domestic Employee's Property	Covered
3. Replacement of Personal Documents	300
4. Replacement of Keys, Locks and Security System	750
5. Theft of Money from break-in	750
6. Frozen Food and Drinks Spoilage	500
7. Contents stored at Professional Storage Service Provider	3,000
SECTION 3 – PERSONAL ACCIDENT Covers accidental bodily injury within your home	
1. Accidental Death and Permanent Total Disablement	
- Per Adult	20,000
- Per Child	10,000
- Aggregate Limit Per Policy	80,000
2. Accidental Medical Reimbursement	100
SECTION 4 – WORLDWIDE PERSONAL LIABILITY Covers personal liability to third parties anywhere in Singapore and during visits overseas	
1. Personal Liability	500,000
2. Tenant's Liability	Covered

[^] Refer to Policy Wording for full listing of Insured Perils

^{*} The Company's maximum liability (including Extensions) shall not exceed the Sum Insured specified for each section

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

60 Anson Road #08-01
Mapletree Anson
Singapore 079914
UEN: T09FC0142D

T. (65) 6423 0888
F. (65) 6423 0798
E. sg.customerservice@awac.com
www.alliedworldinsurance.com/Singapore



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. © 2024 Allied World Assurance Company Holdings, Ltd. All rights reserved.

HOME PROTECTOR BASIC PROPOSAL FORM

Statement pursuant to the Insurance Act 1966 or any amendments thereof: You have a duty to fully and faithfully disclose every fact you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.



POLICYHOLDER'S PERSONAL PARTICULARS

Name as in NRIC/Passport:

NRIC/Passport No:

Nationality:

Date of Birth (DD/MM/YYYY):

Gender: M F

Marital Status:

No. of children:

Occupation/Type of Business:

Mailing Address:

Tel (H):

Tel (O):

Mobile:

Fax:

Email:



DETAILS OF PROPERTY TO BE INSURED

Address (if different from mailing address):

Mortgage if any:

Type of Property (tick where appropriate)

HDB

EC/Condominium

Semi-detached/Terrace

Detached Bungalow

Others (please specify):

Is your EC/Condominium under MCST?

Yes

No



GENERAL QUESTIONS

1. Is your home occupied by you and your family members?

Yes

No

If "No", please state number of tenants:

2. Will your home be left unoccupied for 60 consecutive days or more in a year?

Yes

No

If "Yes", please state details:

3. Have you made any claim under similar insurance during the past 3 years?

Yes

No

If "Yes", please state details:

4. Has your proposal or renewal for home insurance ever been declined, withdrawn or required to impose special terms?

Yes

No

If "Yes", please state details:



COVERAGE REQUIRED

Period of Insurance:

From:

To:

Please tick the required coverage.

	Section	Sum Insured S\$	Rate	Premium S\$
<input type="checkbox"/>	1	a) Building	0.04%	
		b) Renovation	0.04%	
<input type="checkbox"/>	2	Contents (Valuables not more than 1/3 of contents; S\$2,500 per article)	0.20%	
<input checked="" type="checkbox"/>	3	Accidental Death and Permanent Total Disablement within the Home		Free
<input checked="" type="checkbox"/>	4	Personal Liability/Tenant's Liability		Free
			Plus 9% GST	
			Total Premium	

Note:

- The sum insured should represent the full replacement value of your building/renovation/contents.
- This insurance is for buildings constructed of brick, stone or concrete and roofed with concrete, slate, tile, metal, asbestos &/or other non-combustible materials.
- This insurance is subject to a minimum premium of S\$54.50 inclusive of 9% GST.



DECLARATION

Please check your Proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in your own hand.

I/ We declare to the best of my/our knowledge and belief that:

- a) all the answer given in this proposal are true;
- b) all material factors affecting the assessment of the risk have been disclosed;
- c) all persons proposed are in good health, free from any physical defect infirmity, are not receiving medical treatment of any kind and are not suffering nor have suffered from a recurring illness.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Allied World Assurance Company, Ltd (Singapore Branch) and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch).

I/We undertake to advise the Company of any change in occupation, health, habits or pursuits of the Insured Person or of the effecting of other insurance (except Travel insurance) against Accident or Sickness as soon as possible. If this Proposal has not been completed by me/us personally, I/we declare also that I/we have read the completed form and accept full responsibility for the answers.

I/We consent to Allied World Assurance Company, Ltd (Singapore Branch) ("Allied World") collecting, using, processing and disclosing my/our personal data in accordance with the Allied World Singapore Personal Data Privacy Statement available at <https://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 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/we consent to Allied World sending me/us marketing, promotional or other messages via telephone:

Voice call Text message

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

Signature of Proposer/Authorised Representative

Date



PAYMENT INSTRUCTIONS

BY CREDIT CARD Please invoice S\$: _____

Email address to send invoice with payment link to: _____

Please check your email as an invoice will be sent to you to make payment online. Do note that payment must be made before the start date of the policy.

BY CHEQUE I enclose my Cheque/Bank No.: _____

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

I/We agree to pay the premium according to the mode of payment chosen and hereby authorise Allied World Assurance Company, Ltd to charge the state premium to the above 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.

Policy Owner's Protection Scheme

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/EMAIL