

TENET

Insurance Company Ltd

Tenet Insurance Company Ltd

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www.tenetinsurance.com

Company Registration No.: 195700067Z

About Tenet Insurance

Tenet Insurance Company Ltd was founded in 1957 and has developed a strong relationship with its customers based on credibility, trust and integrity. We offer a wide range of insurance products and services tailored to meet the ever-changing needs of individuals, families and companies. Tenet Insurance is a member of Sompo Japan Group.

SOMPO JAPAN INSURANCE INC. is one of Japan's leading insurance service providers, with a history stretching back to 1888. Today, Sompo Japan Group has offices and subsidiaries in 29 countries and regions outside Japan and provides a comprehensive range of risk and asset management solutions under a strict customer-first philosophy.

Sompo Japan Group was recognised as one of the "Global 100 Most Sustainable Corporations in the World" by the World Economic Forum in 2009 and 2010.

 **SOMPO JAPAN**

TENET

Insurance Company Ltd

**Spectra™**
Light Industrial

it's **beyond** just business
www.tenetinsurance.com

Light Industrial is specially designed for businesses involved in the manufacturing and assembly of goods and/or storage of own goods in a light industrial building designated as such by the National Environment Agency.

Excluded trade involving the use of any of the following operations:

- Explosives
- Furnace and kiln
- Hot works
- Spray painting
- Stamping
- Steel and/or aluminium fabrication
- Woodworking

Excluded businesses and/or trade:

- Battery and tyres workshops
- Containers and/or paper board boxes
- Computers
- Foams and plastics
- Food and Beverage
- Flammable and hazardous products
- Garments and textiles
- Gases and chemicals
- Joss sticks and paper
- Printing and publishing
- Precious metals and gems
- Motor workshops
- Mobile phones, PDAS & accessories

This plan does not cover risks:

- Involving manual work outside of Insured's own premises except for the purpose of delivery of goods only
- Outside of Singapore
- Premises not of brick/tile/concrete construction and/or with property kept in open or without perimeter fence and/or security

Special Features

- 10% No Claim Discount off the renewal premium if there is no claim during the preceding 12 months.
- A one-time 10% Chain Discount off the first premium if 3 or more chain outlets are insured under Spectra.

Major Highlights

All Risks

- Plate Glass Cover up to 5% of the Sum Insured.
- Full Theft Cover up to S\$50,000.

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 premises resulting from loss of or damage by a loss covered under Section 1.

Money

- Damage to locked drawers/safes/cash registers due to theft or attempted theft up to S\$500.
- Automatic Increase in Sum Insured by 50% up to S\$5,000 for 3 days running consecutively and immediately following Chinese New Year, Hari Raya Puasa, Deepavali and Christmas Day.
- Personal Accident (Assault) Cover for 2 employees at S\$10,000 each.

Public Liability

Legal liability for third party property damage and/or bodily injury caused by/arising from:

- Deleterious matter in food and drinks or utensils supplied by you at your premises up to S\$250,000.
- Neon/advertising signs owned by you up to S\$100,000.
- Director(s) or non-manual executive(s) travelling on commercial visits anywhere in the world in connection with your business.
- Tenant's Liability.

Goods In Transit

- Loss of or damage to insured property caused by any fire or explosion, overturning or derailment of land conveyance, collision or contact of conveyance with any external object whilst in the course of transit by any vehicle owned by or hired by you up to S\$2,000.

Work Injury Compensation (OPTIONAL COVER)

- Coverage for work-related injuries and occupational diseases sustained by your employees in their course of work in line with enhanced benefits under the Work Injury Compensation Act (WICA) which comes into effect 1 April 2008 to replace the Workmen's Compensation (WC) Act.
- This section is rated as an optional cover based on estimated annual wages to be declared & is subject to completion of Tenet's standard WICA Proposal Form before cover commences. Please contact your servicing intermediary or our office for a copy of the WICA Proposal Form.

Basic Cover	Basic Sum Insured/Limit	Top-Up Sum Insured/Life Maximum Top-Up	Top-Up Rate	Top-Up Premium
1. All Risks (Excess: 1% of loss min S\$500 each & every loss except fire, lightning & explosion) - Plate Glass Cover up to 5% of Sum Insured - Full Theft Cover up to S\$50,000	S\$100,000	S\$ _____ (Up to S\$900,000)	0.40%	S\$ _____
2. Consequential Loss (Up to 100 days)	S\$200 per day	S\$ _____ per day (Up to S\$100 per day)	S\$20.00 per S\$50	S\$ _____
3. Money				
(a) Money in Transit	S\$5,000	S\$ _____ (Up to S\$7,000)	0.75%	S\$ _____
(b) Money in Premises (Up to limit of S\$3,000 in locked drawers/cabinets/cash registers after business hours)	S\$5,000	S\$ _____ (Up to S\$7,000)	0.75%	S\$ _____
(c) Money in proprietor's/partner's/director's residence kept in locked drawers/safes after business hours	S\$500	N.A.	N.A.	N.A.
4. Personal Accident On the life of named proprietor/partner(s)/director(s)	Up to 2 persons S\$50,000 each S\$500 each	Add'l _____ person(s)	S\$55 per person	S\$ _____
(a) Death/Permanent Disablement				
(b) Accidental Medical Expenses				
5. Public Liability	S\$500,000	S\$ _____ (Up to S\$500,000)	S\$50 per S\$250,000	S\$ _____
6. Goods In Transit	S\$2,000	N.A.	N.A.	N.A.
7. Legal Expenses	S\$2,000	N.A.	N.A.	N.A.

(A) Basic Cover Premium

S\$550

(B) Total Top-Up Premium

S\$ _____

Optional Cover	Category	Sum Insured	Rate	Additional Premium
8. Fire and Extraneous Perils on Building		S\$ _____ (Up to S\$2,000,000)	0.08%	S\$ _____
9. Fidelity Guarantee (Limit: S\$5,000 any one occurrence and in the aggregate)	No: _____ employee(s) (Up to 15 employees)	S\$30 per employee	S\$ _____	
10. Work Injury Compensation Cover subject to:- - Total annual wages not exceeding S\$500,000. - Minimum premium of \$30.	Admin/Management Sales/Purchasing Manual staff	<u>Headcount</u> _____ _____ _____	<u>Est. Annual Wages**</u> S\$ _____ S\$ _____ S\$ _____	S\$ _____ S\$ _____ S\$ _____
** Definition of Annual Wages 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.				

(C) Total Optional Cover Premium

S\$ _____

All sums insured are to be rounded up to the nearest thousand.

PREMIUMS ARE ON A PER LOCATION BASIS UNLESS UNITS ARE ADJOINING.

Total Premium: (A) + (B) + (C)

S\$ _____

GST Payable

S\$ _____

Premium Payable inclusive of GST

S\$ _____

Policy Owners' Protection Scheme - Applicable for Sections 4 (Personal Accident) and 10 (Work Injury Compensation) only
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 visit www.tenetinsurance.com/FAQ or the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

Proposal Form

Intermediary's Name/Code: _____

IMPORTANT NOTICE

- Statement Pursuant to Section 25(5) Cap 142 of the Insurance Act
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 hereunder may be void.
- Please note that this insurance is subject to the premium being paid and received in full by the Company within the period specified in the Premium Payment Warranty applied to the Policy, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this application is accepted.

The Proposer

Name: _____

ROC/UEN*: _____
*UEN-Unique Entity Number

Address: _____

Tel No.: _____ Fax No.: _____ Email: _____

Business/Trade: _____

Period of Insurance: From _____ To _____

Location of Risk: _____

Is the Insured premises situated in/at any of the following:- (Please mark only if applicable)

Light Industrial Area Pre-War Shophouse

If it is any of the above, please note the loading applicable in the Premium Computation Table.

Information on Premises

If the answer is No to any of the following, please refer to the Company:-

Is the Insured premises constructed of brick, tile, concrete or other incombustible material?

Yes No

Is the Insured premises solely occupied by you? Yes No

If shared with others, please state their business: _____

Fire Preventive Systems of Premises (If you do not have any of the following, please refer to the Company)

- Fire Alarm System Sprinkler System
 Fire Extinguisher Fire Hose Reel
 Others (Please give details) _____

Security Systems of Premises (If you do not have any of the following, please refer to the Company)

- CCTV Burglary Alarm System
 Grilled Windows/Doors 24-hr Security Guard
 Others (Please give details) _____

Other Information

Please give details in the space provided if the answer is 'Yes'.

- Is there any financial institution having any interest in the property insured? Yes No
- Does any proprietor to be insured against Personal Accident suffer from any physical defect or infirmity? Yes No
- Are your workmen involved in work of a hazardous nature or usage of hazardous machinery? Yes No
- Have you ever suffered loss or damage relating to the risk during the past 3 years you now wish to insure against? Yes No
- In respect of risk to be insured, has any previous insurer refused to give cover, renew or imposed any special terms? Yes No

Please attach a list if space is insufficient

Personal Accident

Please provide details of the proprietor/partner(s)/director(s) insured under Personal Accident section.

No. of Person(s): _____

1. Name (Mr/Mrs/Ms/Mdm/Dr): _____

Date of Birth: _____ NRIC/Passport No: _____

2. Name (Mr/Mrs/Ms/Mdm/Dr): _____

Date of Birth: _____ NRIC/Passport No: _____

3. Name (Mr/Mrs/Ms/Mdm/Dr): _____

Date of Birth: _____ NRIC/Passport No: _____

Fidelity Guarantee (To complete, if not all employees are to be insured)

Please provide details of the employee(s) insured under Fidelity Guarantee section.

No. of Employee(s): _____

1. Name: _____

Designation: _____ NRIC/Passport No: _____

2. Name: _____

Designation: _____ NRIC/Passport No: _____

3. Name: _____

Designation: _____ NRIC/Passport No: _____

Declaration

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

- All the answers given to this Proposal Form are true
- All the material factors affecting the assessment of the risks have been disclosed

I/We declare I/we fully understand and agree that benefits under Section 4 (Personal Accident) of this policy will only be payable upon an accident occurring.

I/We declare I/we understand that the cover provided herein is subject to the condition precedent that:

- I/We never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- If I/we had breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy have been fully paid; and
 - a copy of the written confirmation from the previous insurer to this effect is hereby provided.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and **Tenet Insurance Company Ltd** 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 **Tenet Insurance Company Ltd**.

I/We undertake to advise the Company of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property 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.

Date: _____ Signature/Company Stamp: _____

Payment Instruction

Please charge S\$ _____ to my Visa/Master Card. (Please delete where appropriate)
Card No: _____ Expiry Date: _____

I enclosed my cheque (no. _____) for S\$ _____ crossed and made payable to **Tenet Insurance Company Ltd**.

Please attach a list if space is insufficient