



Arranged by:
AVA INSURANCE BROKERS PTE LTD
91 Bencoolen Street #08-03
Sunshine Plaza Singapore 189652
Tel: +65 6535 1828 Fax: +65 6535 6898
Company's Registration No. 200706523M

Professional Indemnity Insurance Proposal Form For Association of Employment Agencies Singapore

Important Notice:

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer, as soon as practicable, any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Insurer during the policy period. Claims expenses are within and reduce the limit of liability.

Claims Made Policy

This is a claims made and reported policy. This policy applies to those claims that are first made against the insured and reported in writing to the Insurer during the policy period. Claim expenses are within and reduce the limit of liability.

Application for Insurance Cover

Limit of Insurance Required: _____

Period of Insurance: _____

1. Details of Applicant

a) Name and Company Registration Number of all firms applying to be covered under this Insurance.

b) Registered Address

3. Claims Experience

a) Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, Employees, or any other person or entity applying to be insured under this proposed Contract of Insurance?

Yes No

b) Are any of the Principals, Partners, Directors, or Employees aware **after inquiry**, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be Insured under this proposed Contract of Insurance?

Yes No

c) Have you, your predecessors in Business, or any current or former Principals, Partners, Directors or Employees ever been subject of disciplinary action or investigation by any authority or regulator or professional body?

Yes No

If YES, to any of the questions in this Section, please **provide full details** and the **status** of each claim, lawsuit, allegation or matter, including;

- * the date of the claim, suit or allegation
- * the date you notified your previous Insurers (if any)
- * the allegations made against you
- * the amount claimed by the Claimant
- * whether the status is outstanding or finalised
- * the amounts paid for claims and defence cost to date



Arranged by:
AVA INSURANCE BROKERS PTE LTD
91 Bencoolen Street #08-03
Sunshine Plaza Singapore 189652
Tel: +65 6535 1828 Fax: +65 6535 6898
Company's Registration No. 200706523M

Declaration:

- 1) I / We have read and understood the Important Notice in this application
- 2) I / We hereby declare that the information of this application/declaration are true and correct, and agree that this application shall form part of the Policy Contact between me/us and the Insurer.
- 3) I / We have not withheld any undisclosed material and/or financial facts.
- 4) **Personal Data Notice:** I / We agree and consent that AVA Insurance Brokers Pte Ltd. ("Company") may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in this application form and / or the Company's Data Protection Policy available at www.ava-ins.com , which I / we have read, understood and agreed to the same.

This form **MUST** be reviewed, signed and dated by a duly authorized Principal, Partner or Director.

Authorized Signature and Company Stamp

Name/Designation:

Date: