



REQUEST FOR QUOTATION FORM

Please send completed form back to us via fax (65 6510 3799) or email (enquiry@zib.com.sg).

BUSINESS DETAILS	
Company Name	
Address	
Business Description	
Location of Risks	
Contact Person/ Designation	
Contact Number	
Email	

Please fill your insurance requirements.

INDUSTRIAL ALL RISKS	
Interest Insured (example)	Sum Insured (S\$)
- On building	
- On renovations, furniture, fixtures and fittings	
- On office equipment and contents	
- On plant and machinery	
- On stock	
- Others, please specify	<ul style="list-style-type: none"> • • • •
Occupancy of premises (please circle)	As office / retail / warehouse
Fire Protection Measures (please check)	<input type="checkbox"/> Fire alarm <input type="checkbox"/> Water hose reel <input type="checkbox"/> Smoke detector <input type="checkbox"/> Heat detector <input type="checkbox"/> Sprinkler (fully or partial) <input type="checkbox"/> Fire extinguisher

CONSEQUENTIAL LOSS	
Interest Insured (example)	Sum Insured (S\$)
- On gross profit/ gross revenue	
- On increase cost of working	
- On Professional Accountant's charges	
Indemnity Period (please circle)	3 / 6 / 12 / 24 months

COMPUTER/ ELECTRONIC EQUIPMENT

Interest Insured (example)

Sum Insured (S\$)

- Material damage
- External data media
- Increased cost of working

PLATE GLASS

Interest Insured (example)

Sum Insured (S\$)

- Plate glass (full value or first loss)

MONEY

Interest Insured (example)

Sum Insured (S\$)

- On money in premises
- On money in transit anywhere in Singapore

FIDELITY GUARANTEE

Limit of liability any one occurrence and in the aggregate

S\$

Do you wish to insure all your employees? (please circle)

Yes / No

If "Yes", please indicate the total number of employees

If "No", please indicate the specific categories of employees to be insured.

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-
-
-

WORK INJURY COMPENSATION

Category of Employees (example)

No. of Employees

Estimated Total Annual Wages (S\$)

- All management and administrative staff (non-manual)
- Outdoor sales
- Drivers
- Others, please specify:

-
-
-
-

PUBLIC LIABILITY

Limit of Liability any one occurrence

S\$

Territorial Limits (please circle)

Singapore / Worldwide

CLAIMS HISTORY

Have there been any claims reported for the past three years? (please circle)

Yes / No

If "Yes", please provide claims details as an attachment.

IMPORTANT NOTES

- 1. Please note you are to disclose fully and faithfully all the facts which you know or ought to know, otherwise the policy issued may be void and you may not be able to claim from the policy.**
- 2. This is only an application form and no insurance is in force until you accept our quotation.**
- 3. If the policy is incepted, it is a condition precedent that premium must be paid within 60 days from inception date, failing which the policy will be cancelled and insurer will charge short term premium for time on risk.**