

Crime
Liability Insurance
Proposal form



NOTICE

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Underwriting Private Limited during the policy period.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

1	Name of	applicant	including	trading	names:
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- 2 Names of subsidiaries:
- 3 Postal address of Head Office:
- 4 Website address:
- 5 Advise the number of years that the business has been operating:
- 6 Nature of the business including a full description of your activities:
- Number of office locations. Singapore:If there are any overseas offices please provide their locations:
- 8 Total number of employees by Category (defined below):

Location	Category A	Category B
Singapore		
Rest of the World		

Rest of the World:

Category A - Employees having responsibility for money, stock and/or accounts, including any financial dealing or trading (eg executives, finance team, accounts personnel, stock controllers, office manager, computer staff, site managers, commercial van drivers etc.)

Category B - Employees not having responsibility for money, stock and/or accounts.

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9	Do External Auditors audit all operations at least annually?	O Yes	0	No			
10	Have all recommendations by External Auditors regarding internal controls been complied with, following the last audit?	O Yes	0	No			
INT	INTERNAL CONTROLS						
11	Are wages/salaries independently checked against personnel records for unusual or excessive payments?	O Yes	0	No			
12	Are the duties below segregated so that no individual can control any of the following activities from common completion without referral to others?	encement	: to				
	(a) Signing cheques or authorising payments (including capital expenditure) above \$10,000 or any equivalent?	O Yes	0	No			

	(b) Issuing and executing funds transfers?	\circ	Yes	\circ	No
	(c) Amending funds transfer procedures?	0	Yes	0	No
	(d) Opening new bank accounts?	0	Yes	0	No
	(e) Investment in and custody of securities and valuables?	0	Yes	0	No
	(f) Refund monies or return goods above \$\$5,000 or any equivalent value in different	0	Yes	0	No
	(g) Disbursement of assets of any superannuation plan?	0	Yes	0	No
	(h) Awarding contracts following a tender?	0	Yes	0	No
13	Are statements of account sent to customers independently of employees receiving payment?	0	Yes	0	No
14	Are bank statements independently reconciled with customer accounts by persons not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to customers?	0	Yes	0	No
INV	VENTORY AND PHYSICAL SECURITY				
15	Is there controlled access to all locations?	0	Yes	0	No
16	Are all premises containing stock, money, securities or valuables connected to an intruder alarm?	0	Yes	0	No
17	Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken and is this count reconciled against stock levels?	0	Yes	0	No
	If Yes: (a) How frequently?				
	(b) Were any discrepancies discovered during last stock check?	0	Yes	0	No
	If Yes, please provide details:				
	Above what value is the transfer of money and securities usually made by a security or professional cash c company? \$ What is the maximum value of money, securities, precious metals and/or jewellery at any one location:	arryr	i ig		
	(a) during business hours? \$ (b) outside business hours? \$				
SU	PPLIERS / OUTSOURCING				
20	Do you maintain an approved suppliers list?	0	Yes	0	No
21	Are suppliers, service providers and outsourcing companies appointed under written contract?	0	Yes	0	No
	CRUITMENT PROCEDURES				
22	Do you screen potential employees by use of credit checks, police checks and obtaining references from former employers?	0	Yes	0	No
23	Do you obtain written references for the preceding three years of employment, in confirmation of the honesty of all future employees with responsibility for money, stock and or accounts?	0	Yes	0	No
IT S	SYSTEMS				
24	Do all computer users have unique passwords and various levels of access that are tailored to the individuals specific work duties?	0	Yes	0	No
25	Are passwords automatically withdrawn when people leave?	0	Yes	0	No
26	Are passwords automatically changed at least every three months?	0	Yes	0	No
27	Are computer programmes secured so that they are able to prevent unauthorised changes?	0	Yes	0	No
28	Are computer systems protected by firewalls, anti-intrusion and virus-detection software?	0	Yes	0	No

FUNDS TRANSFERS				
'Fund Transfers' means any instruction (other	r than cheques) given to a Financial In	stitution to pay or deliver fu	ınds.	
29 What is the approximate annual value of	f funds transfers? \$			
30 Can payment instructions be made to a	n account which has not been pre-agi	reed?	O Yes	O No
31 Is the financial institution required to aut	nenticate the instruction before payme	ent is released?	O Yes	O No
INCLIDANCE LICEOPY				
INSURANCE HISTORY				
32 Has the Applicant ever had any Insurer of refuse to renew any Crime insurance pol		conditions, cancel or	O Yes	O No
33 Please provide details of your current Cri	me insurance policy:			
Current insurer:		Expiry Date:		
Limit of indemnity: \$	Excess: \$	Premium: \$		
LOSS HISTORY				
34 Has the Applicant sustained any losses (years, whether insured or not?	of a type covered by a Crime policy) d	uring the past five (5)	O Yes	O No
If Yes, please provide full details including measures have been taken to prevent si		ure of loss, amount of loss a	ınd what co	orrective
COVER REQUIRED		_		
, 1	O \$2m O \$5m O \$10m C			
36 Level of excess required: \$5,000	○ \$10,000 ○ \$15,000 ○ \$20,000 ○) \$50,000 Other:		
DECLARATION				
On behalf of all proposed Applicants I/We de and correct in every respect and that all info accurately disclosed to Delta Underwriting P	ormation that may be material in consi	dering this proposal form h	as been ful	lly and
Statement pursuant to Section 25(5) of the I shall be the basis of and incorporated in the other things) if I/we fail to disclose in this app	nsurance Act (Cap 142) or any amendr insurance contract and that the insur	ments thereof; I/We agree t ance contract may be avoi	hat this dec	claration
I/We undertake to inform Delta Underwriting	,	-		
occurring before or after the completion of t				
I/We understand that:				
(a) I/We am/are obliged to advise Delta Und consideration of this application. This info know) which could influence the judgem and (if accepted) on what terms, including	ormation includes all information I/We ent of Delta Underwriting Private Limite	know (or could reasonably	be expecte	
(b) Failure to provide this information may r	esult in Delta Underwriting Private Limit	ed refusing to provide the in	nsurance.	
(c) I/We have certain rights of access to and	d correction of this information.			
Full name & title of individual:				
Signature of Policyholder:		Date:		