

tokiomarine.com

Life & Health | Property & Casualty

TM Office Suite

Bespoke Insurance Solutions for Your Business



TM Office Suite is specially configured with a holistic range of insurance solutions to cover your business needs, so you can focus on what really matters.

Classic Suite Coverage

Section 1: Property All Risks

- ☑ Comprehensive cover for your renovations, contents and stock-in-trade
- ✓ Plate glass cover for up to \$5,000

Section 2: Business Interruption

☑ Gives you daily cash for a maximum period of 100 days in the event that: your business is interrupted due to accidental loss or damage to Property insured under Section 1

Section 3: Money

- Covers money in your premises during business hours secured in cash register, tills, locked drawers or locked safe
- ☑ Covers money in transit anywhere in Singapore to or from your premises while in your personal custody or the custody of your authorised persons
- ☑ Bonus money limits of 50% during defined peak periods

Section 4: Personal Accident

☑ Complimentary coverage for 2 owners/partners at \$30,000 per insured person

Section 5: Public Liability

- Covers your legal liability for accidental bodily injury &/or property damage to third parties occurring anywhere in Singapore in connection with your business as defined in the policy schedule
- ☑ Enhanced to include Food & Beverage Extension of up to a limit of \$250,000 and Loading & Unloading Extension of up to a limit of \$10,000

Section 6: Work Injury Compensation Act Insurance

- *Please refer to Item 7 in the declaration for coverage details
- ☑ Provides statutory coverage for your immediate employees in the event of accidental bodily injury or disease arising out of and in the course of their employment
- ☑ Coverage for Common Law liability under the Work Injury Compensation Act of up to \$10,000,000

Customise your coverage with our optional add-ons:

- ✓ Protect against dishonesty of employees with our Fidelity Guarantee coverage
- ☑ Upgrade your Personal Accident coverage with our **Hospital Cash** extension
- Extend your insurance to cover **Deterioration of Stocks** (For Dining Suite Only)
- ✓ Insure your Goods In Transit from accidental loss or damage
- Cover your Rental Expenses in the event of business interruption
- ☑ Expand your coverage on property to include Self-Store Contents

All terms and conditions can be found inside your policy wording &/or schedule

Enjoy attractive discounts on your TM Office Suite

- ☑ Enjoy a 10% No Claim Discount off your TM Office Suite renewal premium*
- ✓ Take advantage of our 10% Chain Discount if you insure 3 or more branches/outlets with us**

*All Renewal Discounts are subject to no claims for the preceding 12 months

**For Chain Discounts, all branches/outlets are subject to no claims for the preceding 12 months

Businesses covered under TM Office Suite

Establishments that conduct their business in and from offices

Trades or Premises not covered under **TM Office Suite** include, but are not limited to:

- Businesses more specifically covered under other TM Business Suite packages;
- Pubs, bars, discotheques, karaoke lounges, nightclubs;
- Establishments that are primarily in the business of food catering & delivery services;
- Establishments that are primarily in the business of manufacturing, loss adjusting, pest control or cleaning services;
- Massage parlours;
- Betting outlets;
- Arcade or Billiard centres;
- Learning Centres except those exclusively conducting training courses for Executives/ Professionals:
- Aesthetic/Cosmetic surgeries or treatments;
- Driving services including lessons;
- Martial arts courses;
- Establishments housed in class two/three construction premises or make-shift structures;
- Establishments that are primarily in the supply or sale of motor vehicles, electronic or electrical goods, joss paper & incense, jewellery, watches, works of art and antiques;
- Premises that are not located in Singapore.

Find out more about our new and complementary products!

TMCare Mini Group Insurance

Group Hospital & Surgical Insurance for your loyal and treasured employees

TMCare Mini Group Insurance is a health insurance solution for companies having between 4 and 50 employees. It offers flexible coverage options such as major medical treatment cover as well as out-patient cancer and out-patient kidney dialysis treatment to suit your corporate needs.

TMCare Mini Group Insurance offers comprehensive coverage such as:

- ✓ Death benefit of \$5,000
- ✓ Surgical procedures of up to \$10,000
- ✓ Hospital room charges of up to \$400 per day

TM Xplora

Travel Insurance Protection for you and your loved ones

In today's challenging travel environment, TM Xplora provides peace of mind for your travel uncertainties.

Covering 39 scenarios, from flight delays to major medical emergencies, we ensure that if you encounter an emergency situation overseas, Tokio Marine will be there to assist you.

Your TM Xplora is carefully crafted to provide comprehensive protection according to your coverage needs.

Foreign Worker Medical Insurance & Foreign Worker Bonds

As a business owner, you are responsible for procuring statutory insurances for your foreign employees. We have affordable solutions to fulfil your insurance needs.

Foreign Worker Medical Insurance is a bill protection plan which covers the cost of surgical treatment and hospitalisation for employees who are either Work Permit or S-Pass holders.

Foreign Workers Bond insurance is a security deposit (in the form of a Banker's Guarantee or Cash Deposit of \$5,000) required by the MOM for every foreign worker (except Malaysians) to work in Singapore.

For more information on these products, please contact your intermediary or visit our website at www.tokiomarine.com today.

Proposal Form - TM Office Suite

Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap 142) and any future amendments to it: You are to disclose in this proposal form fully and faithfully all facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

otherwise the policy issued hereunder may be void.

Period of Insurance (Strictly no backdating): From:

To:

Period of insurance (strictly no backdating): From:10:10:10:10:10:10:					
Classic Suite	Suite Upgrade				
Coverage	Sum Insured / Limit of Indemnity /Insured Persons	Max Sum Insured / Limit of Indemnity / Insured Persons	(A) Top-Up Rates for Office Suite	(B) Additional Sum Insured / Insured Persons	(A) X (B) Applicable Premium
Se	ction 1: Prop	erty All Risks			
Covers your renovations, contents and stock-in-trade in the event of accidental loss or damage	\$100,000	\$1,500,000	0.090%	\$	\$
Sect	ion 2: Busine	ss Interruption	on		
Provides you with daily cash during business interruption (Up to 100 Days @ 1% of S.I./Day)	\$25,000	\$35,000	0.090%	\$	\$
	Section 3:	Money			
Reimburses you for theft of money: a) Money in Transit	\$5,000	\$20,000	0.150%	\$	\$
b) Money in Premises during business hours	\$5,000	\$20,000	0.150%	\$	\$
Se	ction 4: Perso	onal Accident			
Comprehensive Personal Accident benefits for 2 Owners/Partners	\$30,000 per Insured Person	Not Applicable			
	Section 5: Pul	olic Liability			
Protects you from legal liability to third parties in connection with the Business	\$500,000	\$3,000,000	0.0085%	\$	\$
Section 6: Work Injury Compensation Act Insurance					
Fulfils your statutory liability to your employees in the event of bodily injury / death in the course of employment Declaration Basis: Unnamed Named *Please refer to Item 7 in the Declaration	3 Employees	20 Employees	\$18/Pax	\$	\$
Section 7: Fidelity Guarantee (Optional)					
Indemnifies you for misappropriation of money by employees of up to \$5,000 in the aggregate	Not Applicable	20 Employees	\$10/Pax	\$	\$

Suite Selections				
Bespoke Extensions	Sum Insured / Limit of Indemnity	Selection	Please choose from these selections	
Hospital Cash for the insured persons under the Personal Accident Section for up to 14 days	\$1,400 per Insured Person		to enhance your coverage	
2) Deterioration of Stock (For Dining Suite only)	\$2,000		at a special rate of \$15 each	
3) Goods in Transit	\$2,000		, JID Cacii	
4) Rental Expenses	\$20,000		Additional Premium:	
5) Self-Store Contents	\$5,000		\$	

Premium			
TM Office Suite	\$228.00		
Additional Premium			
Less Discount (If Applicable)			
GST			
Total Premium including GST			

		Proposer Details			
Name of Proposer:					
Business Registration No	э.				
Company or Shop Name:					
Correspondence Address	5:	S(
Business Premises Addre	ess:				
Nature of Business:					
Premises	☐ Sole Occu If shared, plea	upancy ase describe neighbo	☐ Shared uring business:		
Contact Details:	Tel (O):	Tel (O): Fax (F): Tel (M):		el (M):	
	Email Address	5:			
Name	etails of Insureds P NRIC / Fl	erson under Section	4: Personal Accident	Occupation	
Name	TVIVC / II			Occupation	
	1	r Section 6: Work Inju			
Name	NRIC / FIN	DOB	Occupation	Annual Wages	
		ase provide details of er	mployee(s) to be insur	ed in this box. For	
dditional entries, please at	tach separately.	ase provide details of er	mployee(s) to be insur	ed in this box. For	
If you are not insuring ALL dditional entries, please at Inderwriting Informat 1) Have you suffered a If yes, please disclo	tach separately. ion any claims or losses	for the insurances app			
dditional entries, please at Inderwriting Informat 1) Have you suffered a	tach separately. ion any claims or losses	for the insurances app	lied for in the last thre		
Inderwriting Informat Have you suffered a If yes, please disclo	tach separately. ion any claims or losses	for the insurances app s below:	lied for in the last thre	e years? □ Yes¹ □ No	
Inderwriting Informat Have you suffered a If yes, please disclo	tach separately. ion any claims or losses	for the insurances app s below:	lied for in the last thre	e years? □ Yes¹ □ No	
dditional entries, please at Inderwriting Informat 1) Have you suffered a If yes, please disclo	tach separately. ion any claims or losses ose all claims details	for the insurances app s below: Claims Description	lied for in the last thre	e years? □ Yes¹ □ No oss Amount	
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dditional entries, please at Inderwriting Informat 1) Have you suffered a If yes, please disclo Date of Loss 2) Are your employee	tach separately. ion any claims or losses ose all claims details s involved in work of	for the insurances app s below: Claims Description	lied for in the last thre	e years?	
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 $^{^1}$ If you have answered yes to any of the above, and/or your nature of business may fall under excluded Trades/ Premises, your proposal will be subject to underwriting review and approval.

Declaration

I/We Declare that:

- 1) The answers provided in this Proposal Form are true;
- 2) All material facts about the risk have been disclosed;
- 3) The premises are of hard roof and concrete wall construction;
- 4) These proposed insurances have never been declined, cancelled mid-term or been subject to special requirements by any insurance company;
- 5) I/we undertake to inform you of any alteration to the risks proposed and to exercise all reasonable precautions for the safety of the Property insured;
- 6) The insured person under Section 4 Personal Accident is in good health and is not suffering from any physical infirmity;
- 7) I/We acknowledge that for WICA Insurance, the following declaration options and conditions will apply:
 - i) If employees are declared on an unnamed basis, all employees for the Business, including those earning more than \$1,600 per month, must be covered, if not I/We will be deemed to be our own insurer in proportion to the shortfall in the total number of employees declared, and will bear a rateable proportion of liability in the event of a claim.

Or;

- ii) If employees are declared on a named basis, only those named in the policy schedule will be covered.
- 8) I/We acknowledge that this policy is subject to 60 days premium payment warranty;
- 9) I/We acknowledge that all figures shown are in Singapore Dollars
- 10) I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;
- 11) I/We declare and confirm that I/We have obtained the consent of the person(s) and/or nominee(s) named herein, and that the person(s) and/or nominee(s) has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, processing and disclosure; and
- 12) I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.

Mode of Payment					
	By Cash		Please make payment to your intermediary or our Tokio Marine Insurance Singapore Ltd customer service counter		
	By Cheque	jue Bank: <u> </u>	Cheque No.:		
		Payee Name: Toki	io Marine Insurance Singapore Ltc	l.	
	Credit Card	ard Name on card: _			
		Credit Card No.:			
		Expiry Date:	Please Indicate:	□ Mastercard	□ Visa

Please note the following:

- 1) This brochure does not constitute a contract of insurance.
- 2) All terms, conditions, limits, excesses as per Tokio Marine Insurance Singapore Ltd policy wording. Please refer to your policy wording and schedule.
- 3) This risk is not bound until all required information is submitted to Tokio Marine Insurance Singapore Limited.

Signature of Proposer	Company Stamp	Date (DD/MM/YY)
	Name of Intermediary	Intermediary Code

About Us

Tokio Marine Insurance Singapore Ltd. has a leading presence in Singapore's general insurance industry. With a paid-up capital of \$\$100 million and total shareholders' equity exceeding \$\$360 million, we are rated "AA-" by the international rating agency, Standard & Poor's. By providing you with a varied array of general insurance plans, we are able to adapt to the wide ranging needs of our clientele, consisting of both individuals and corporations.

Through our dedication to service excellence and expertise in general insurance, we strive to be your preferred insurance partner by providing you with quality insurance solutions to meet your needs.

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GST Reg. No.: M2-0000023-4

