



Federal Insurance Company, 18 Cross Street, #11-08 China Square Central Singapore 048423. Tel: 63338113

MASTERPIECE INSURANCE APPLICATION FORM

Client Information

Name : _____

Mailing Address : _____

Telephone Numbers : _____ (Home) _____ (Office)

Mobile Numbers : _____ (Client) _____ (Spouse)

Fax Numbers : _____ (Home) _____ (Office)

Email Address : _____

Occupation : _____ (Client) _____ (Spouse)

Company/Employer : _____ (Client) _____ (Spouse)

Age : _____ (Client) _____ (Spouse)

Passport/NRIC No. : _____ (Client) _____ (Spouse)

Broker/Agent (if any) : _____

Details of Property

Property Locations (Please list the main/primary location first)

1. _____

2. _____

Type of Residence (Detached/Semi-Detached/Terrace/ Condo/Apartment)	Owner Occupied	Rented to Others	Tenanted	Vacant/ Holiday Home	Year Built
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Security Details

Safe	Burglar Alarm	Fire Alarm	Fire Extinguisher	Grilled Windows
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Are the burglar alarms connected and monitored by the police or a security company? Yes / No

Other Protection (if any) _____

For Owner Occupied and tenanted residences, is there a live-in maid? Yes / No

Coverages

Masterpiece is divided into 3 main sections. You only need to complete the relevant sections where insurance is required. However please note that Section III Personal Liability is only available if Section I Home and Contents is taken up.

I. HOME AND CONTENTS

Values (Please indicate the replacement/construction costs of the sections required)

Building	Alterations and Additions (Renovations)	Contents*
1. S\$ _____	S\$ _____	S\$ _____
2. S\$ _____	S\$ _____	S\$ _____

* Excluding those listed under Section II Valuable Articles

Deductible (Check one box)

A deductible is the first dollar amount of a payable claim borne by the Insured.

S\$ 200 S\$ 500 S\$ 1,000 Others : S\$ _____

Mortgagees/Loss Payees/Other Interested Parties

Please list details of any interested party of the property(s). This should include their name, mailing address, interest and any reference numbers (if applicable) :-

II. VALUABLE ARTICLES

a) Property location where the greatest amount of valuable articles are kept : Location 1.
Location 2.

b) Please provide the total value for the following :-

Jewelry	Fur	Fine Arts	Stamps	Coins
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____
Silverware	Cameras	Musical Instrument	Laptops	Others
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____

c) From the total value figures above, please provide a separate list of items with their respective values and description based on the following categories (be sure to indicate if jewelry will be kept in a bank vault) :

Jewelry above S\$5,000 per article Furs above S\$2,000 per article Fine Arts above S\$5,000 per article

Stamps above S\$2,000 per article Coins above S\$2,000 per article

All Silverware, Cameras, Musical Instruments and Other Valuables regardless of value per article.

Category	Description of Item	Sum Insured (S\$)
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Valuation certificates and receipts are required for items above S\$25,000/- each (except for stamps and coins where the limit is S\$15,000/- each item or set). Supporting documents for items which are insured under the "Others" category may also be requested on an individual basis.

III. PERSONAL LIABILITY

Please indicate the level of coverage required

S\$ 500,000 S\$1,000,000 S\$2,000,000 S\$ 3,000,000
S\$ 5,000,000 Others : S\$ _____

Loss History

Insurance Coverage	Date of Loss	Description of Loss	Date Paid	Loss Amount Paid/ Outstanding Amount

Have you ever been declined similar coverage by an insurance company in the last 3 years?
(If yes, please provide details) _____

Signature

Signature

Date

Pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this form, fully and faithfully, all facts that you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.