



4a. Particulars of Principals

Name of Principal	Age	Years practicing as Principal		Name of Previous Business Practice
		Current Business Practice	Previous Business Practice	

4b. Qualification of Principals

Name of Principal	Qualification / Professional Licence	Year Obtained

5. Total No. of Employees

Qualified Professionals including Principals _____

Other technical Staff _____

Administrative Staff (including receptionist, etc.) _____

6. Memberships / Affiliations

Please provide full particulars of any corporate and Principal memberships or affiliation to any professional association or society.

7. Collaborative Partners (Third Party Firms)

Please provide names of third party firms *most frequently* engaged for collaborative work during the course of fulfilling your professional contract.

Legal : _____ and _____

Audit : _____ and _____

Investigation : _____ and _____

Public Relations : _____ and _____



8. Fee Income

Gross Professional Fees	Local	Foreign
Received last 12 months	S\$ _____	S\$ _____
Estimated next 12 months	S\$ _____	S\$ _____

Professional Activity	Percentage (%) of Fee Income received last 12 months
Dealing in Securities – Member of SGX-ST	
Dealing in Securities – Non-Member of SGX-ST	
Fund Management	
Advising on Corporate Finance	
Trading in Futures Contract	
Foreign Exchange Trading	
Securities Financing	
Custodial Services for Securities	
Others (please specify)	

Total Percentage _____

9a. Insurance History

Please provide Professional Indemnity Insurance history for the past three (3) years in chronological order.

Name of Insurer	Period Insured	Sum Insured	Excess

9b. Insurance History

Have you ever had any insurance company : (tick where applicable)

- (a) Decline a proposal? No: _____ Yes : _____ (if answer is 'Yes' provide details on your letter head)
- (b) Impose special terms? No: _____ Yes : _____ (if answer is 'Yes' provide details on your letter head)
- (c) Decline your policy renewal? No: _____ Yes : _____ (if answer is 'Yes' provide details on your letter head)
- (d) Cancel your insurance? No: _____ Yes : _____ (if answer is 'Yes' provide details on your letter head)

10. Claims Experience

- (a) Has any demand, claim, action or proceedings (“Claim”) been made, or has any negligence or professional breach of duty been alleged, against you or any of the present or former Principals, or have any incidents or circumstances arisen which may or may likely lead to such Claim being brought or threatened against you or any of the present and former Principals whether now or in the future? If yes, have the same been notified to insurer?

No: _____ Yes : _____ (if answer is ‘Yes’ provide details on your letter head)

Year	Insurer	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- (b) Are there any circumstances that you or any Principal are aware of which may lead to a Claim against you or any prior corporate practice or any of the present or former Principals?

No: _____ Yes : _____ (if answer is ‘Yes’ provide details on your letter head)

Name of Principal and Practice	Claimant	Nature of Problem	Amount Estimate

- (c) Are there any Claims against previous practices which have been identified in Question 2 of this Proposal, which may lead to a Claim against any Principal?

No: _____ Yes : _____ (if answer is ‘Yes’ provide details on your letter head)

Name of Principal and Practice	Claimant	Nature of Problem	Amount Estimate

- (d) Are there any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No: _____ Yes : _____ (if answer is ‘Yes’ provide details on your letter head)

Name of Principal and Practice	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- (e) Has MAS or any state recognised regulatory authority ever conducted an inspection, investigation or examination on you, your Principals or any Employees?

No: _____ Yes : _____ (if answer is ‘Yes’ provide the inspection report, investigation report, deficiency letter and your management’s response.)

- (f) Has any Principal or Employee been involved in any civil, criminal, regulatory action or proceeding alleging a violation of any law, state regulation or security whether in Singapore or anywhere in the world?

No: _____ Yes : _____ (if answer is ‘Yes’ provide the investigation report, all relevant and related documentation and the status of the matter concerned.)



Important Notice to the Proposer(s)

Claims Made Policy

The proposed insurance is issued on a 'claims made' basis. This means that the policy only covers claims first made against the insured during the policy period, provided that the insured was not aware, at any time prior to the inception date of the policy, that a claim would likely be made against the insured.

Duty of Disclosure

You have a duty to fully and faithfully disclose to NTUC Income Insurance Cooperative Limited ("NTUC Income") every matter, incident and circumstance that you know or ought to know at the Date of Inception that could affect our underwriting and acceptance of your application of insurance. This duty to disclose continues to apply in respect of any renewal, extension, variation or reinstatement of the policy. If you fail to comply with this duty of disclosure, we are entitled to reduce our liability under the policy or may even cancel the policy at our discretion.

Declaration and Signature of Proposer(s)

We/I hereby declare that, to the best of our/my knowledge and belief, the information and answers given, whether in handwriting or not, under this Proposal Form are true, accurate and complete. We/I have not withheld or mis-stated any of the information or answers provided in this Proposal Form, and should any information or answers given by me/us change between the date of this Proposal Form and the inception date of the insurance to which this Proposal Form relates, we/I will give immediate notice in writing to NTUC Income. We/I understand and accept that if there has been any deliberate or fraudulent withholding, omission or misstatement of material information or facts, the insurance policy may be voided by NTUC Income from its inception date. We/I agree that this Proposal Form (and the information and answers contained herein) shall form the basis of the contract between us/me and NTUC Income should my application for insurance be approved.

We/I also hereby certify that:

> We/I hold a valid professional Licence from the Monetary Authority of Singapore under the Securities and Futures Act.

> At the date of this Proposal Form we are actively working in the capacity for which we hold the Licence.

Signed in Singapore on the day of

Signature of Proposer Date.....

Name of Proposer Designation

NTUC Income reserves the right to refuse to accept an application for insurance, or to impose special conditions. NTUC Income's liability does not commence until it has accepted this proposal and the premium has been paid.

Please submit the completed Proposal Form and all its attachments to NTUC Income's appointed agency :

AEGIS Insurance Services
15 Queen Street, #03-07, Tan Chong Tower, Singapore 188537.
Contact Person : Richard Tay (tel : 6837 0306 hp: 9856 3573)

This Proposal Form and its attachments shall be treated with the strictest confidence at all times by and for the Proposer.