

Professional Indemnity Insurance

Proposal Form (For Sports and Performing Arts Instructors / Coaches / Trainers)



Important Notices

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - 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.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal.

You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

- Please read the “Important Notices” before completing this proposal form.
- This form is intended for individual sports and performing arts instructors / coaches / trainers.
- You must answer all the questions in this form. If a question is not applicable, state “N/A”. If more space is required to answer a question, continue on your letterhead.
- If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Application for Insurance Cover

| Limit of Liability | Deductible | Premium (before GST) |
|--------------------|------------|----------------------|
| SGD 100,000 | SGD 1,000 | SGD 380 |
| SGD 250,000 | | SGD 475 |
| SGD 500,000 | | SGD 625 |

Applicant Details

1. Name of Applicant _____
2. Date of Birth DD / MM / YYYY
3. Gender Male Female
4. Primary Residential Address

5. Contact Number _____
6. Email Address _____
7. Please indicate the type of sport or performing arts you are providing instruction / coaching / training for:

8. Please provide answers* to the following:
 - (a) Do you have a minimum of 1 year of instructing, coaching or training experience for the sport or performing art as indicated in (7)? Yes No
 - (b) Are you qualified or certified by an accredited and recognised body to be an instructor, coach or trainer for the sport or performing art as indicated in (7)? Yes No
 - (c) Confirm that you are not involved with the instructing, coaching, training or supervision of professional athletes, or motor sports, lifesaving, waterskiing, wakeboarding, powerboating or scuba diving. Yes No
 - (d) Confirm that you have not ever been the subject of previous claims (whether actual or alleged), investigations or disciplinary proceedings for misconduct. Yes No

**If any of the answers are “No”, please provide us with full details and note that the premiums above shall not apply.*

Declaration

I have read and understood the Important Notices contained in this application.

I agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

I acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

I declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

I undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

Personal Data Protection Statement

Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.


If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Chubb Data Protection Officer
Chubb Insurance Singapore Limited
138 Market Street
#11-01 CapitaGreen
Singapore 048946
E dpo.sg@chubb.com

Signature

Name of Signatory

Date

 Distribution Agency: 70 UWA

Contact Us

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