



Professional Indemnity Proposal Form

For Membership Year 2024

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

Note to Applicant

- (a) This Proposal Form is for the Applicant to complete and submit to Great American (together with all required information and documents) for the purpose of applying for Great American Financial Advisers Professional Indemnity Policy.
- (b) In this **Proposal** Form:
- **Applicant** means the individual financial adviser intended to be the insured, defined as the **Insured** in the **Policy**.
 - **Great American** means Great American Insurance Company, Singapore Branch.

SECTION 1 - DETAILS OF APPLICANT

1. Name of Applicant (as per NRIC)	2. MAS RNF Number	3. Date Issued
4. Date of Birth (DD/MM/YYYY)		
5. Name of AFA(S) Member Firm		
6. Mailing Address of Applicant		
7. Email Address	8. Contact Number	

SECTION 2 - DECLARATION

Over the past 5 years, have you ever been subject to disciplinary proceedings for professional misconduct by a professional body or any statutory registration board or been called upon to respond to a complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any circumstances which may result in a claim against you for professional misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any Insurer ever declined, cancelled or imposed special conditions in relation to this type of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been subject to disciplinary proceedings for professional misconduct by a professional body or any statutory registration board or been called upon to respond to a complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of your answers is "Yes" to the above, please provide details below (Please use a separate sheet if necessary):

SECTION 3 - COVERAGE APPLICATION

Your Choice of Limit of Indemnity	Effective Cover Period (please tick applicable premium inclusive of GST)			
	1 Feb 2024 to 31 Jan 2025	1 May 2024 to 31 Jan 2025	1 Aug 2024 to 31 Jan 2025	1 Nov 2024 to 31 Jan 2025
S\$1,000,000	<input type="checkbox"/> S\$125.35	<input type="checkbox"/> S\$93.74	<input type="checkbox"/> S\$63.22	<input type="checkbox"/> S\$46.87
S\$1,500,000	<input type="checkbox"/> S\$152.60	<input type="checkbox"/> S\$114.45	<input type="checkbox"/> S\$76.30	<input type="checkbox"/> S\$57.77
S\$2,000,000	<input type="checkbox"/> S\$228.90	<input type="checkbox"/> S\$171.69	<input type="checkbox"/> S\$114.45	<input type="checkbox"/> S\$85.59

- (a) If **Applicant** has answered “Yes” under Section 2. Declaration, **Great American** shall assess separately and reasonably.
- (b) If **Applicant** has answered “No” to all four declarations under Declaration section, the **Applicant** qualifies for the standard premium as selected above.
- (c) Regardless of the application date, the cover will expire on **31 January 2025**.
- (d) **Great American** reserves the right to deny or vary the terms of the **Policy** without a reason.
- (e) A deductible of S\$2,000 each and every Claim applies to Limit of Indemnity S\$1,000,000 and S\$1,500,000 policies. A deductible of S\$3,000 each and every Claim applies to Limit of Indemnity S\$2,000,000 policies.

SECTION 4 - MODE OF PAYMENT

Cheque

Bank Name: _____ Cheque No.: _____

To be crossed and made payable to “Great American Insurance Company”

WARRANTY

I hereby warrant and declare as follows:

- I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to Great American Financial Advisers Professional Indemnity Policy.
- I/We understand and agree that no insurance is in force until this **Proposal** is accepted by **Great American** and a **Policy** is issued.
- I/We are aware of and agree to abide by the **Policy’s** terms, conditions and exclusions.

FALSE INFORMATION

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

IMPORTANT NOTICE

This product is protected under the Policy Owners’ Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy is automatic and no further action is required from the Insured. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the **Great American** servicing agent/broker or visit the GIA / LIA or SDIC websites.

PERSONAL DATA PROTECTION

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with **Great American**, **Great American** will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of **Great American** as previously provided by you; and (ii) your claims.

2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:

- considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
- processing your application for underwriting and insurance;
- administering and/or managing your relationship, account and/or policy with **Great American**;
- processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
- carrying out your instructions or responding to any enquiries by you;
- dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
- complying with applicable law in administering and managing your relationship with **Great American**. (collectively the “**Purposes**”)

3. **Great American** may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above **Purposes**, and thereafter using, disclosing and/or processing such personal data for one or more of the above **Purposes**.

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4. Your personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers / law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above **Purposes**, and such **Relevant Parties** would be processing your personal data for **Great American** in relation to one or more of the above **Purposes**.

5. By signing below, you:

- (a) consent to **Great American** collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
- (b) consent to **Great American** collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
- (c) consent to **Great American** disclosing your personal data to the **Relevant Parties**, for the **Purposes** as described above; and
- (d) consent to **Great American** transferring your personal data out of Singapore to the **Relevant Parties**, for the **Purposes** as described above.

DECLARATION AND SIGNATURE

Name and Signature of Applicant

Date

Underwritten by:



Great American Insurance Company, Singapore Branch