



General Information
Declaration Form



POLICYHOLDER INFORMATION

1. Policyholder:
2. Address:
3. Business nature:
4. Total revenue (inclusive of subsidiaries) for the last 12 months: SGD\$
5. Website or Domain Name:

It is declared that we (including our subsidiaries) do not have knowledge of any act, omission, fact, event or circumstance that may give rise to a loss under this proposed insurance policy.

Full name & title of individual:

Signature of Policyholder:

Date: