

# Professional Indemnity Single Project Professional Proposal Form

QBE Insurance (Singapore) Pte Ltd



## Notice to the Proposed Insured

Your duty of disclosure - If a proposer does not fully and faithfully give the facts as he knows them or ought to know them, he may receive nothing from the policy.

*A Sample Policy Wording is available on request.*

## IMPORTANT

- Note that this is a named insured policy. Only parties listed, identified, accepted and named are covered. Please include contractors/subcontractors who you wish to insure.
- The applicant will be referred to in this proposal as 'You' or 'Your'.
- Please answer all questions fully. If there is insufficient space, please provide details on your letterhead.
- Where applicable, please tick the appropriate box to indicate your answer.

## A. Your Details

1. Name of main applicant

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2. Your principal address

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3. Email

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4. Date established

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5. Please list all parties (excluding main applicant) applying for this insurance

Name	Address

**Please note: The main applicant referred to in A1 and all parties referred to in A4 are collectively referred to in this proposal as 'You' or 'Your'.**

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## B. Details of Projects

1. Please provide the following details

a. Title of Project

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b. Location

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c. Estimated total contract value of project

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d. Estimated total contract value for all of you to be included for this insurance

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e. Estimated gross fee income of portion of project to be received by all of you to be included for this insurance

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f. Name of Principal

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g. Type of project

- Conventional Contract
- Design and Build Contract
- Management Contract
- Others (please elaborate)

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h. Brief description of project (Please also provide full details of the contractual scope of work, contract matrix/structure and conceptual design drawing via attachment)

2. Please summarise the expected time schedule for the project

Design Phase	Start Date	Completion Date
Construction Phase	Start Date	Completion Date
Maintenance Phase	Start Date	Completion Date
Discovery/ Extended Reporting Period	Start Date	Completion Date

3 Please categorise all the professional services required to be performed by you or on your behalf in connection with this project

Activity	Total Gross Fees* including any amount subcontracted (\$)	Fees sub-contracted (\$)
a. Consultant Engineering		
(i) Civil		
(ii) Structural		
(iii) Mechanical		
(iv) Electrical		
(v) Acoustical		
(vi) Geotechnical/Soil/Foundation		
(vii) Heating and Ventilation		
(viii) Mining		
(ix) Nuclear		
(x) Environmental		
b. Architecture		
c. Drafting		
d. Town Planning		
e. Surveying		
(i) Building Surveying		
(ii) Land Surveying		
(iii) Quantity Surveying		
f. Interior Designing		
g. Project Management/Construction Management		
h. Registered Inspection/Accredited Checking		
i. Others (please elaborate)		
Total		

4. Which of the following professional duties are required to be performed by or on behalf of you within the provisions of the contract?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Administrating retention fund                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Agreeing clearing, forwarding and customs dues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Approval of detailed design/drawings           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Arranging site insurance                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Authorising progress payments                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Cash flow forecasts                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Certifying final payment/completion            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Co-ordination/expediting                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Cost estimates                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Design criteria                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Drafting contract conditions                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Feasibility studies                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| m. Flow sheets                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Geotechnical services           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Inspection of installation work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Instructions to Tenderers       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Issuing variation orders        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Measurement                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Quality control and assurance   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. Quantity estimates              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Settling contractual claims     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Supervision of commissioning    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| w. Tender adjudication             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x. Working drawings                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| y. Other (please elaborate)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### C. Methods Employed By You

1. Are there any aspects of the project (or part of the project) which:
  - a. Do not utilise well-established tried and tested technique  Yes  No
  - b. Comprise or include prototype or innovative construction techniques, designs or materials?  Yes  No
  - c. Involve the performance of professional services in regards to off-shore or sub-aqueous works?  Yes  No
  - d. You are unfamiliar with and/or do not fall within the scope of work with which you are experienced?  Yes  No
  - e. Are unusual with regards to the performance quality, durability or tolerance required?  Yes  No
  - f. You consider should be brought to the insurer's attention?  Yes  No

If "Yes" to any above, please provide full details by attachment
2. Please provide resume of similar projects undertaken by you via attachment

### D. Claims Details

1. Has any partner, principal, director or employee ever been subject to disciplinary proceedings for professional misconduct?  Yes  No  
If "Yes", please provide details.

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2. Has any claim been made, or has any civil liability been alleged in the last ten (10) years against you, your practice or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstance been notified to insurers that might give rise to a claim?  Yes  No  
If "Yes", please provide the following details in respect of each matter on your company's letterhead and attach
  - Date of Claim made
  - Name of Insurer (if any)
  - Name of Claimant or Potential Claimant
  - Brief description of matter and latest update
  - Amounts (If any) of claim paid and estimated outstanding amounts
  - Is matter finalised or outstanding and when was the last update?
  - What actions have been undertaken to prevent a recurrence of the situation which gave rise to each claim?
3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you?  Yes  No  
If "Yes", please provide the following details in respect of each matter on your company's letterhead and attach
  - Name of Claimant or Potential Claimant
  - Brief Description of Matter
  - Estimate of Potential Liability

**E. Other Insurance**

1. Please provide details (limits and deductibles) of other insurances which are likely to be in force in respect of and during the lifetime of the Project and which can be expected to provide elements of coverage for professional indemnity exposures for the parties included in this insurance:

**Insurance**

**Details including Limits and Deductible**

Construction "All Risk" (e.g. design cover following "damage")

\_\_\_\_\_

Building/other warranties

\_\_\_\_\_

General products liability (e.g. no exclusion of professional acts)

\_\_\_\_\_

Product guarantees (e.g. 12 months on equipment supplied)

\_\_\_\_\_

Other Professional Indemnity (e.g. consultants annual practice policies)

\_\_\_\_\_

Other Policies (please elaborate):

\_\_\_\_\_

**F. Insurance Cover Requested**

Limit of Indemnity Required \_\_\_\_\_

Deductible/Excess Required \_\_\_\_\_

Period of Insurance Required Start Date \_\_\_\_\_

End Date \_\_\_\_\_

## G. Declaration

Before signing the declaration, please check your answers carefully particularly if the proposal form is not completed in your own hand.

I, the undersigned authorised partner, principal or director, after enquiry declare as follows:

I am authorised by each of the other applicants to make this proposal;

I have read and understood the my duty of disclosure under the Notice to the Proposed Insured in the front of this proposal form;

I have read and understood this proposal and the accompanying documents and acknowledge the contents herein filled to be true and complete;

I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal form or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, you acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy be effected; and further, you acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone.  Yes  No

Practice (Main Applicant)	Name of Partner, Principal or Director
Signed	Date

## Important

When submitting this application, please check that you have attached the following :

- Question B1h. Extract of your contractual Scope of Work for this project
- Question B1h. Details of contract matrix/structure
- Question B1h. Conceptual design drawing
- Question C1. (If any) Details to question C1
- Question C2. Resume of similar projects
- Question D2/D3. (If any) Claim details

## H. Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
QBE Insurance (Singapore) Pte. Ltd.  
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881  
Email: [info.sing@qbe.com](mailto:info.sing@qbe.com)
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

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