

# Professional Indemnity Application Form (Accounting Professionals)

QBE Insurance (Singapore) Pte Ltd



If the Applicant does not fully or faithfully give facts as he/she knows them or ought to know them, he/she may receive nothing from the policy in the event of a claim.

## A. Applicant's Details

1. Name of Applicant

2. Contact Number

3. Email

4. Inception Date

5. Retroactive date (Kindly provide expiring schedule if applicable)

6. Address of Applicant

7. Please indicate your activities or business conducted

| Type of Activity                             | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) Audit                                     |                          |                          |
| i) Public Companies                          | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Private Companies                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Accounts Preparation/Book Keeping         | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Payroll                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Tax Advice                                |                          |                          |
| i) Public Companies                          | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Private Companies                        | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Individuals                             | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Directorships/Secretarial Positions       | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Insolvencies, Liquidations & Receivership | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Executorship and Trusteeship              | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Corporate Financing                       | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Mergers and Acquisitions                  | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Management Consulting                     | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Others (Please elaborate)                 |                          |                          |

Exclusively distributed by Phillip Securities - Business Insurance Team

For further enquiries, please contact Phillip Securities - Business Insurance Team at 90049302 / [jamespoon@phillip.com.sg](mailto:jamespoon@phillip.com.sg)

## B. Declaration

1. Have you ever been subjected to disciplinary proceedings for professional misconduct? ☐ Yes ☐ No  
If YES, please provide details in respect of each matter on the Application Declaration Appendix
- 
2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you or have circumstances been notified to insurers that might give rise to a claim? ☐ Yes ☐ No  
If YES, please provide details in respect of each matter on the Application Declaration Appendix
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3. Are you aware of any claims or circumstances that may give rise to a claim? ☐ Yes ☐ No  
If YES, please provide details in respect of each matter on the Application Declaration Appendix
- 
4. Please select the annual income group which the Applicant belongs to:  
☐ SGD 199,999 and below ☐ SGD 200,000 to SGD 500,000  
☐ SGD 500,001 to SGD 1,000,000 ☐ SGD 1,000,001 to SGD 1,500,000  
☐ SGD 1,500,001 to SGD 2,000,000  
If the annual fee income exceeds SGD2 million, please contact the appointed intermediary\* for a customised quote.
- 
5. Please select the limit of indemnity which you wish to purchase:  
☐ SGD 1 million ☐ SGD 2 million ☐ SGD 3 million  
If you require a higher limit, please contact the appointed intermediary\* for a customised quote.

Name of Applicant

Signature of Applicant

Date

## C. Consent for Personal Data

To process, administer, and/or manage your policy with QBE Insurance (Singapore) Pte Ltd ("QBE") (hereinafter referred to as "we", "us", "our"), will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. These personal data include (i) information set out herein and any other personal information provided by you or possessed by us; and (ii) your claims. Such personal data will be collected, used, disclosed and/or processed by us for the purpose(s) as stated in the QBE Privacy Policy, which is available online at [www.qbe.com.sg/privacy](http://www.qbe.com.sg/privacy).

By using our service, purchasing our products or making an application and for the purpose(s) as stated in the QBE Privacy Policy, you

- a) consent to us collecting, using, disclosing and/or processing your personal data;
- b) consent to us collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same;
- c) consent to us disclosing your personal data to its third-party service providers, or agents (including its lawyers/law firms) and
- d) consent to us transferring your personal data out of Singapore to its third-party service providers, or agents where such third-party service providers or agents are sited (whether in Singapore or outside of Singapore).

Name of Applicant

Signature of Applicant

Date

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# Application Declaration Appendix

This Appendix is not applicable and need not be submitted if you have answered “No” to all the questions in Part B. Declarations in the Application Form.

## A. Applicant’s Details

Name of Applicant

## B. Details of prior disciplinary proceedings, allegations of negligence, or known circumstance

Please provide us details of any of the following:

- i) Prior disciplinary, regulatory or criminal proceedings; or
- ii) Any claims for negligence or breach of professional duty in the last 10 years; or
- iii) Any past or pending circumstance which has given or may give rise to a claim under this policy.

Your information should include the circumstances relating to the incident, any compensation sought for or paid out, or any fines or penalties that were awarded against you. If the space below is insufficient, please do not hesitate to attach any other notes or correspondences to this Appendix.

|                   |                        |
|-------------------|------------------------|
| Name of Applicant | Signature of Applicant |
| Date              |                        |