

ADDENDUM: SOCIAL ENGINEERING

SECTION 1: PROFESSION RELATION QUESTION

1. Do you provide written training material to employees regarding the dangers of social engineering fraud, phishing, phreaking and cyber fraud? Yes [] No []
If Yes, are these updated at least once a year? Yes [] No []
2. Do you have procedures for changing passwords at least every 45 days for all online accounts and banking platforms maintained by the insured? Yes [] No []
3. Are all requested to alter supplier and customer details including bank details, independently verified with a known contact for authenticity? Yes [] No []
4. Do you ensure that at least two members of staff authorise any transfer of funds, signing of cheques above SGD\$10,000? Yes [] No []
5. In respect of purchase of goods or services with a value of over SGD\$10,000, can you confirm that no one employee is able to perform more than one of the following three stages:
 - a. Order;
 - b. Certificate receipt or completion; and
 - c. Authorise paymentYes [] No []

SECTION 2: FURTHER DECLARATION TO THE PROPOSAL

SIGNING THIS ADDENDUM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.

I the undersigned, after enquiry, declare the following:

1. I am authorised to complete the above information on behalf of the Insured named in the Proposal.
2. I have read this Addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
3. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance
4. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal.

Although the signing of this Addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this Addendum and in the accompanying documents shall be the basis of the contract if a policy is issued.

TO BE SIGNED BY PARTNER/DIRECTOR OR PRINCIPAL OR EQUIVALENT.

Signature: _____

Name: _____

Position: _____

Date (dd/mm/yy): _____

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER/AGENT, SINCE DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT TO RECOVERY UNDER THE POLICY.