

Addendum

Professional Indemnity Accountant



Section 1 | Profession Relation Question

1. Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, by stating the whole amounts in Singapore Dollar (\$) and the percentage:

Fees Earned From	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
1. Account Preparation			
2. Auditing			
a. Public listed companies*			
b. Non public listed companies			
3. Book Keeping			
4. Business Valuation			
5. Company Directorship / Secretarial Positions			
6. Insolvency, Receivership or Liquidations			
a. Public listed companies			
b. Non public listed companies			
7. Superannuation Fund Management / Trusteeship			
8. Taxation			
9. Other, please state			
Total	100%		

* If auditing of publicly listed companies undertaken, please provide the following:

Name of Client	Stock Exchange Listed

DUAL ASIA

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89A Amoy Street, Singapore 069908
DUAL Underwriting Agency (Singapore) Pte Ltd

2. Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes [] No []

If YES, please provide further details: _____

3. Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities? Yes [] No []

If YES, please provide further details: _____

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

Full Name: _____

Position: _____

Signature: _____ Date: / /

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.

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