

Shops Proposal Form

Ref. No./Policy No. <input style="width: 95%;" type="text"/>	Agency No. / Name <input style="width: 95%;" type="text"/>
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Please take care to complete this form fully and correctly and to disclose all material facts which are likely to influence our acceptance and assessment of your proposal. If you are in any doubt about whether or not a fact is material, you should disclose it. Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full. Please see more information on your Duty of Fair Representation at the end of this form.

Please complete the form in BLOCK Capitals

Full Name of Proposer(s)	<input style="width: 80%;" type="text" value="Mr/Mrs/Miss/Ms"/>
Company Name	<input style="width: 95%;" type="text"/>
Address of Property to be Insured	<input style="width: 95%;" type="text"/>
<input style="width: 30%;" type="text"/>	postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
	Telephone <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
Communication Address if different from above	<input style="width: 95%;" type="text"/>
<input style="width: 30%;" type="text"/>	postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
	Telephone <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
Period of Insurance	From <input style="width: 5%;" type="text"/> Day <input style="width: 5%;" type="text"/> Month <input style="width: 5%;" type="text"/> Year to <input style="width: 5%;" type="text"/> Day <input style="width: 5%;" type="text"/> Month <input style="width: 5%;" type="text"/> Year at 23:59
Description of Business (Please tick ✓)	<input type="checkbox"/> Restaurant <input type="checkbox"/> Takeaways <input type="checkbox"/> Fish & Chips <input type="checkbox"/> Others (please describe) <input style="width: 150px;" type="text"/>
Name & Address of Interested Party (if any) Bank / Building Society etc	<input style="width: 95%;" type="text"/>
<input style="width: 65%;" type="text"/>	postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
Employer Reference Number (PAYE Code)	<input style="width: 95%;" type="text"/>

ASSESSING YOUR SUMS INSURED

Contents - Section 1 only

Claims for contents (other than stock, goods in trust, employees' effects and pedal cycles) damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. Be sure to select Sums Insured which represent the full cost of replacement at today's prices, including VAT as appropriate.

Average

If the sums Insured by Sections 1,3,8,9 and 10 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

COVER

Under our Package Cover Sections 1-7 are automatically included in the Policy. If you want the Package Cover please tick this box. Should you require individual cover or optional sections please tick appropriate box.

Section 1-7

Yes

Sections and Items	Sum Insured or Limit of Liability												
Section 1 - CONTENTS													
Additional Cover													
Terrorism Cover Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "Yes" please enquire for separate quotation</small>													
1. (a) Stock in trade and goods in trust (including frozen food and stock in outbuildings) £ (b) Stock of wines and spirits £ (c) Stock of cigars, cigarettes and tobacco £ (d) Internal decoration, tenants improvements and shop fronts £ (e) Trade furniture fixtures and fittings. All other contents including employees' personal effects, excluding gaming machines unless otherwise agreed £ <div style="text-align: right;">TOTAL SUM INSURED £</div> Does any specific item such as scale, cash registers, typewriters, calculators, computers, photocopiers, telephones and vending machine forming apart of Content Sum Insured in (e) above exceed £1,000 in value - <i>If so please describe</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 650px;" type="text"/> £													
2. If any contents from (a), (b) and (c) above are stored in OUTBUILDINGS, Do you require THEFT cover for contents in OUTBUILDINGS? <i>If "Yes", please state nature of contents</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 650px;" type="text"/> £													
3. The Sum Insured by item (a) on stock above is seasonally increased by 25% for three months without extra charge. Please advise which month(s) you would like this for? <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> Jan</td> <td><input type="checkbox"/> Feb</td> <td><input type="checkbox"/> Mar</td> <td><input type="checkbox"/> Apr</td> <td><input type="checkbox"/> May</td> <td><input type="checkbox"/> Jun</td> <td><input type="checkbox"/> Jul</td> <td><input type="checkbox"/> Aug</td> <td><input type="checkbox"/> Sep</td> <td><input type="checkbox"/> Oct</td> <td><input type="checkbox"/> Nov</td> <td><input type="checkbox"/> Dec</td> </tr> </table>	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	
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Section 2 - GLASS

Cover is automatically provided. Limit 5% of Contents Sum Insured unless stated otherwise

£

Section 3 - LOSS OF INCOME

Cover is automatically provided for up to £250,000 unless you otherwise indicate.

£

Section 4 - MONEY

Cover is automatically provided.

Do you wish to vary either of the undermentioned standard money limits ?

Yes No

If 'Yes'

1. Please state the limit you wish for loss of money contained in locked safe(s) when premises are closed for business. Standard limit is £1,000. If you require more than £1,000, please give details of your safe(s)

Limit as defined in Section 4 in Policy

£

Make

Model

2. Please state the limit you require for loss of money in transit, on the premises during business hours or in a bank night safe. Standard limit is £2,000

Note: The limit in 2 must not be less than the limit required for 1

N.B.: Cash registers should be left open and empty whenever the premises are closed for business

£

Section 5 - ASSAULT

Cover is automatically provided.

Limit as defined in Section 5 in Policy

Section 6 - LIABILITY TO OTHERS

Cover is automatically provided.

Do you, or any partner, director or employee carry out manual work away from the Premises other than the collection or delivery of Products?

Yes No

If 'Yes'

- (a) Indicate the type of work (certain types of work may require a separate proposal).

- (b) Estimate the annual wages associated with such work.

£

Limit as defined in Section 6 in Policy

Section 7 - GOODS IN TRANSIT

Automatically £1,000, unless you advise otherwise.

Do you require cover for Goods in Transit in excess of £1,000? If 'Yes' please complete the following

Yes No

- (a) Sum Insured per vehicle

£

- (b) Number of vehicles

- (c) Is cover required for goods in vehicles unattended at night?

Yes No

If 'Yes' please give details of overnight security of vehicles:

Section 8 - 13 are optional Sections**Section 8 - BUILDINGS - Optional section if required**Yes No

- (a) State the Sum Insured being the estimated cost of rebuilding including VAT where appropriate, together with an allowance for removal of debris, architects' and surveyors' fees and the extra cost of complying with building regulations following loss, destruction or damage (Usually 10% for each)?

£

- (b) Year the property was built?

- (c) Is any part of the Premises roof flat and covered in asphalt?

Yes No

If 'Yes', please give details of size and age of the flat roof

- (d) Do you need loss of rent cover in excess of 10% of 'buildings' sum insured? Please state amount.

£

Available Additional Cover on Buildings

If 'Yes' to any of the following additional covers please enquire for separate quotation

Terrorism Cover

Yes No

£

Subsidence Questionnaire

- (a) On what type of soil is the property built?

- (b) Do you have any details about the buildings foundations?

e.g. Depth, Type (whether piled or on concrete raft), any other special features.

- (c) Has the property been Extended?

Yes No

- (d) Are there any cliffs, quarries, hills or similar features nearby?

Yes No

- (e) Are there or have there been any local mining operations, underground railways, wells, streams, sewers or other underground activity such as salt extraction nearby? Yes No
 - (f) Is the property near any river, sea or reservoir? Yes No
 - (g) Has any damage been sustained in the past or is there any evidence of damage in connection with the structure or its foundations? Yes No
 - (h) Are there any trees growing in the vicinity of the property which could affect the foundations? Yes No
 - (i) Has any underwriter or insurance company ever declined or imposed any special terms on any similar insurance proposed by you? Yes No
- If the answer to any of the subsidence questions is YES, please provide details.*

Section 9 - ALL RISKS - Optional section if required Yes No

Note: This section is designed to cover items such as scales, cash registers, typewriters, calculators, mini-computer, photocopiers, telephone installations and vending machines.

Specify items to be insured under "All Risks"

1		£
2		£
3		£

Section 10 - Deterioration of Frozen Food - Optional section if required Yes No

1. (a) Number of Cabinets
- (b) State Total Sum Insured required

£

Section 11 - Failure of Extractor Unit - Optional section if required Yes No

Loss of income following failure of extractor unit:-

- (i) Limit any loss: £250 covering a maximum closure of 48 consecutive hours.
- (ii) Limited to a maximum of £1,000 any one period of insurance of not less than 12 months.
- (iii) The extractor unit must be the subject of a manufacturer's guarantee or warranty or subject of a maintenance and service agreement in force with a competent engineer.

Section 12 - Personal Accident/Sickness - Optional section if required Yes No

(a) Please complete schedule below.

Name of Persons to be Insured	Profession or Occupation	Date of Birth Day / Month / Year	Cover PA, or PA/S	Number of Units

Limit as defined in Section 12 in Policy

- (b) Has any of the persons for whom sickness insurance is required received medical treatment in the last 12 months for other than minor ailments? Yes No

£

Section 13 - Loss of Liquor Licence - Optional section if required Yes No

- (a) Please indicate the amount of cover required
- (b) Within the last 5 years, has there been any opposition to the grant, renewal or transfer of the Licence or any circumstances or incidents likely to prevent its renewal? *If 'Yes' please give details* Yes No

General Questions

1. (a) Are you the sole occupant(s) of the building in which your Premises are situated? Yes No
- (b) Are your Premises entirely self-contained with their own means of access? Yes No
- If 'No' to (a) or (b) above, please give details:*
-
2. Are your Premises situated within a street level CCTV area? Yes No
3. Are any parts of the building at present unoccupied? *If 'Yes' please give details* Yes No
-
4. Are the premises and outbuildings:
- (a) constructed of brick, stone or concrete and roofed with slates, tiles, asbestos, metal, concrete or asphalt and in good repair? Yes No
 - (b) occupied solely by you for the purposes of business described on the front page? Yes No
 - (c) in an area which is free from floodings and not in vicinity of rivers, streams or tidal waters? Yes No
- If the answer to either (a), (b) or (c) is 'No', please give details*
-

please continue General Questions overleaf

5. Are you currently insured or have previously held insurance against any of the risks proposed? Yes No
If 'Yes' please state name of Insurer

6. Is there a basement or cellar at the property? Yes No
If 'Yes', all stock therein must be stored a minimum of 6 inches above floor level

7. (a) Do you have any form of intruder alarm fitted and in working order? Yes No
(b) If an alarm is fitted, is the installer a member of N.A.C.O.S.S? Yes No
(c) Is there a maintenance contract in force? Yes No

8. Does your shop business premises have a frontage area for which you are responsible? Yes No
If 'Yes', the whole area must be maintained in a safe condition for pedestrians
*You should also have an **entrance mat** to prevent water build-up on rainy days to keep the floor surface safe*

9. In the last five years have you or any director or partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for? Yes No

10. Has any insurer declined or required special terms to insure you or any director or partner (in this or any other name under which you may have been trading) cancelled or refused to renew any insurance of a type you are now applying for? Yes No

11. Have you / your directors/ partners or any person responsible for managing your business:

- ever been convicted of or charged with any criminal offence? Yes No
- ever been disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation from holding office as a director of a company? Yes No
- ever been prosecuted for a breach of any statute relating to health or safety of employees or others? Yes No
- ever been a director or partner of a company that went into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary / compulsory arrangement, or a creditors scheme of arrangement or was dissolved? Yes No
- ever been declared bankrupt/ entered into an individual voluntary arrangement, or gone into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary arrangement or creditors scheme of arrangement? Yes No
- ever been served with a Prohibition Notice under the Health and Safety at Work etc. Act 1974 and associated regulations? Yes No
- ever been prosecuted for failure to comply with any environmental protection legislation? Yes No
- ever been the subject of a recovery action by HM Revenue and Customs? Yes No
- ever been the subject of a County Court or High Court judgment? Yes No
- ever been a director of a company that has received a County Court or High Court judgment/ Scottish Decree against it? Yes No
- been the subject of an official caution for a criminal offence in the past 5 years? Yes No
- ever traded under a different name in the past 10 years? Yes No

If the answer to any questions 9-11 is 'YES', please give details:

Shaded portion applicable to catering trade only

It is a Condition of this Insurance Policy that:

- (a) you inspect and clean at least once each week all exhaust hoods, ducting, filters and grease traps
- (b) at least once each year arrange for all exhaust hoods, ducting and filters extractor hood, impellar and its housing to be cleaned and serviced by a **professional maintenance company**
- (c) all gas appliances used for cooking and pipewok thereto must meet relevant British Standards and they are maintained in a safe condition to comply with Health and Safety Regulations
- (d) Fire Safety *You Must have (i) and at least one of (ii) (iii) (iv) or (v) suitable for fighting fires at your premises*
 - (i) Fire blanket (compulsory)
 - (ii) Water extinguisher
 - (iii) Dry powder extinguisher
 - (iv) CO2 extinguisher
 - (v) Foam extinguisher

If you use a Deep Fat Fryer or Fish & Chip Frying Range, Please answer the following questions:

Please state the make and approximate age of equipment in use in the premises

Make Age Yes No

If a frying range, is each pan fitted with a second high limit thermostat ?

In addition to the above Policy Conditions, the following Conditions apply to all Fish & Chip Frying Ranges:

- (d) it is fitted with a thermostat which will prevent the temperature of fat or oil exceeding 205°C, (401°F)
- (e) it is provided with metal lids or shutters for immediate use in event of fire
- (f) it must be serviced once every twelve months by trained frying range engineers so that the period of time between services at no time exceeds twelve months and a service record kept in a safe and secure place for inspection at any time - service as defined in the policy booklet which is available upon request
- (g) it must be fitted with a flame failure device which will cut off the gas supply should the pilot light be extinguished
- (h) it must be fitted with a sump and/or driptray which is checked and cleared weekly

Upon completion and signing of this proposal form, unless equipment is less than 12 months old

please attach as evidence of servicing your current certificate in respect of:

- (a) Ducting Service and/or
- (b) Frying Range Service

This policy will exclude all loss or damage due to fire emanating from the kitchen unless a current certificate as evidence of Frying Range and / or Ducting is provided at inception of cover

General Conditions

- 1. Electrical Wiring *That the building electrical wiring should be regularly checked by an electrical contractor who is a member of the Institute of Electrical Engineers (IEE) and a certificate issued and retained for inspection by the company (See General Condition 9 in Policy)*
- 2. Security *That all final exit doors to the property (and outbuildings), must be fitted with a minimum of 5 lever mortise deadlocks manufactured to BS3621? And that all ground floor windows and those accessible from the ground via flats roofs or drainpipes, must be fitted with a key operated window locks and these locks must be in operation whenever the specific area of he premises are unoccupied*

Excess

Standard Excess is £250 under Section 1,2,7,8,9 and 10 (Unless otherwise agreed)

Do you wish to increase this figure? *If 'Yes' please ✓ tick*

*** Discount are normally available for higher excesses**

Please Note: Standard excess for flat roof: £500

Yes No

Indicate amount you wish to bear

Subsidence: £2,000

NOTES: Some or all of the information which you supply to China Taiping Insurance (UK) Co Limited in connection with this insurance will be held by the Company on computer. Information may be passed to other insurance companies or any other recognised authority directly concerned with this type of insurance. The insurance does not come into force until your proposal has been accepted by China Taiping Insurance (UK) Co Limited.

YOUR DUTY OF FAIR REPRESENTATION

You have the duty of fair representation which means that you have to disclose to us either every material fact that you know or ought to know by reasonable search both within your company or organization, and externally or give us sufficient information so as to prompt our further enquiries on certain matters.

A material fact is defined as one that would influence the judgement of a prudent underwriter.

If in doubt, disclose the information to allow us to consider as appropriate.

Reasonable searches within and outside of your company or organization include information held or suspected by your business senior management, anyone internal or external who contributes to the placement of your insurance including but not solely your insurance adviser, loss adjuster, any consultants etc.

Material facts should be disclosed to us in a reasonably clear and accessible manner.

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: <https://uk.cntaiping.com/uk-privacy/>

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process **your** personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;
2, Finch Lane, London EC3V 3NA
E-mail: dataprotectionofficer@uk.cntaiping.com
Tel: (0044) (0)20 7839 1888

DECLARATION

You declare that:

1. All material facts and information contained above are correct and complete including the reasonable searches made by you and you have declared all facts or gave us enough information so as to prompt our further enquiries.
2. You have read the above and understand your duty to make a fair presentation as described above.
3. You agree to our standard policy wording, a copy of which can be provided on request.
4. You have read the Data Protection statement above and you agree to your data being used for the purposes specified including for a financial health check by a credit reference agency where deemed necessary.

Signature(s)

Date

 / /

Members of the Association of British Insurers
Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

2 Finch Lane, London EC3V 3NA. Tel: 020-7839 1888 Fax: 020-7621 1202
Registered in England & Wales No. 176603

04/2019

METHOD OF PAYMENT

Customer Details

Full Name / Business Name _____

Address _____

Postcode _____






Telephone _____ Policy No./Ref. No

1. By Cheque

Cheque should be made payable to China Taiping Insurance (UK) Co Ltd £

2. By Major Credit / Debit Cards

Please debit my _____
Please ✓ tick

					
Mastercard	Visa	Switch	Delta	Solo	£ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Card Number Issue No

Expiry Date / Cardholder's Signature

3. By Direct Debit



中国太平
CHINA TAIPING

中國太平保險(英國)有限公司
CHINA TAIPING INSURANCE (UK) CO LTD

Originator's Identification Number

940972



INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT (Please Complete in Block Capitals)

1 NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY	
To: The Manager _____	Bank / Building Society
Address _____	
	Postcode _____
2 NAME(S) OF ACCOUNT HOLDER(S)	

3 BRANCH SORT CODE (FROM THE TOP RIGHT HAND CORNER OF YOUR CHEQUE)	
<input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/>	
4 BANK/BUILDING SOCIETY ACCOUNT NUMBER	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5 INSTRUCTION TO YOUR BANK/BUILDING SOCIETY	
Please pay China Taiping Insurance Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with China Taiping Insurance and, if so, details will be passed electronically to my Bank/Building Society.	
Signature(s) _____	
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
CHINA TAIPING INSURANCE POLICY NUMBER (IF KNOWN)	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

THIS GUARANTEE SHOULD BE RETAINED BY THE PAYER

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits period.
- If there are any changes to the amount, date or frequency of your Direct Debit, China Taiping Insurance (UK) Co Ltd will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request China Taiping Insurance (UK) Co Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by China Taiping Insurance (UK) Co Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back upon China Taiping Insurance (UK) Co Ltd's request.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Rules to the Scheme

To join the scheme, you must satisfy the following requirements:-

1. You must be at least 18 years old and have a bank or building society current account in the U.K.
2. If any adjustments to the annual premium becomes necessary during the period of insurance it will be dealt with automatically by a recalculation of the remaining instalments period.
3. Claims will be settled by China Taiping insurance in the usual way. You, for your part, must continue with the instalment payments, throughout the period of insurance
4. If proves impossible for us to collect an instalment from your bank and we are unable to do so within 14 days of the scheduled date, we shall request from you the full premium for the remainder of the period of insurance. If this amount is not paid within 14 days we shall cease cover and cancel the policy.
5. You must ensure to have sufficient cleared balance in your account for our Direct Debit collection. China Taiping Insurance will not be liable for the bank charges levy on you due to insufficient amount in your bank.
6. Any delay in registering your Direct Debit mandate to us may result in an one off instalment collection of more than one month's worth of payment.
7. Please send this advice to China Taiping Insurance agent or direct to China Taiping Insurance (UK) Co Ltd, 2 Finch Lane, London EC3V 3NA.
Tel. 020 7839 1888 Fax: 020-7621 1202



中國太平保險(英國)有限公司
CHINA TAIPING INSURANCE (UK) CO LTD

2 Finch Lane, London EC3V 3NA