



UEN: T15FC0029B
 GST Reg No: M90370081T
 3 Temasek Ave., #16-01 Centennial Tower
 Singapore 039190
 Tel: +65 6804 6000
 Fax: +65 6235 2616

Marine Cargo Proposal Form

Agent / Broker _____

Applicant Profile

Company Name _____

Address _____

Email and Website _____

Applicant's Interest _____

Date Company established _____

Description of Business _____

Subject Matter Insured

Interest Insured / Type of Cargoes _____

Type of Packing:	<input type="checkbox"/> Cartons	<input type="checkbox"/> Drums	<input type="checkbox"/> Bags	<input type="checkbox"/> Wooden Crates
	<input type="checkbox"/> Bulk	<input type="checkbox"/> Breakbulk	<input type="checkbox"/> Containerized	<input type="checkbox"/> Bare (no packing)
	<input type="checkbox"/> Others	please specify _____		

Mode of Sendings (expressed in %):

Air	_____
Sea	_____
Conventional	_____
Containerized	_____
Bulk	_____
Land	_____
Total: 100%	

Annual Turnover for last policy year _____

Estimated Annual Turnover for this policy year _____

Voyages:

Imports from _____

Exports to _____

Cross Voyages from _____

Coverage / Insured Value

Sum Insured / Limit per Conveyance:

Air _____

Sea _____

Land _____

Others _____

Details of Insurance Cover Required

General Conditions:

<input type="checkbox"/> ICC (A)	<input type="checkbox"/> ICC (B)	<input type="checkbox"/> ICC (C)
<input type="checkbox"/> ICC (Air)	<input type="checkbox"/> ICC (Air - Total Loss)	
<input type="checkbox"/> Land (All Risks)	<input type="checkbox"/> Land (Restricted)	

Others, please specify: _____

Claims Details

Please provide loss history for the last five (5) years, including incidents reported and claims not paid, as well as all claims or incidents that would resulted in a claim had proposed cover been in force.

Date of Accident	Details and Cause of Loss	Claim Paid (\$)	Outstanding Claim (\$)	Status

Details of Current Insurance

Insurer _____

Limit of Liability _____

Rate / Premium _____

Deductible _____

Coverage _____

Others

Yes No

Has any insurer declined or cancelled your cargo insurance? Yes No

Any other information relating to the proposed risk? Yes No

If yes, please specify: _____

Declaration

IMPORTANT : Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap 142). You are to disclose in this application form, fully and faithfully, all the material facts you know or ought to know. Otherwise, you may not receive any benefit from you policy.

We declare that the information and answers given in this form are true and correct to the best of our knowledge, and we have not misstated or suppressed any material facts that may influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, it is agreed that this form shall be the basis of contract should the insurance be effected.

Company's Stamp and Signature _____

Name / Designation _____ Date _____