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## Marine Hull Proposal Form

**Agent / Broker** \_\_\_\_\_

### Applicant Profile

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Email and Website \_\_\_\_\_

Applicant's Interest \_\_\_\_\_

Date Company established \_\_\_\_\_

Description of Business \_\_\_\_\_

Qualifications / Years experience of Technical Operation Team \_\_\_\_\_

Number of Vessels owned and managed during the last 5 years \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Has the Shipowner / Manager traded under any other names within last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please specify: _____		

### Subject Matter Insured

If more than one vessel, please provide information in a separate sheet.

Vessel Name _____	Type of Vessel _____
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Use of Vessel _____	Material of Hull _____
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Place Built _____	Year Built _____
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Flag _____	Class _____
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GRT / NRT _____	Dimension _____
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Trading Areas \_\_\_\_\_

Type of Trade / Cargo carried \_\_\_\_\_

Number and Nationality of Crew \_\_\_\_\_

Vessel last surveyed \_\_\_\_\_

Name of Surveyor \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Were all Surveyors recommendations, if any, fully rectified?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please specify: _____		

Is Vessel Mortgaged?	<input type="checkbox"/>	<input type="checkbox"/>
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**If yes**, Mortgagee's Name: \_\_\_\_\_

**Coverage / Insured Value**

Hull & Machinery (and/or Crane) \_\_\_\_\_

Increased Value \_\_\_\_\_

War Risks \_\_\_\_\_

Mortgagees Interests \_\_\_\_\_

**Details of Insurance Cover Required**

General Conditions:  ITC-Hulls  FPAU  Total Loss

Collision Liability:  No  Yes

**If yes**, please tick proportion required:  1/4th  3/4th  4/4th

Include restricted P&I Cover:  No  Yes

**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 \_\_\_\_\_

Insured Value \_\_\_\_\_

Rate / Premium \_\_\_\_\_

Deductible \_\_\_\_\_

Coverage \_\_\_\_\_

**Others**

	Yes	No
Has any insurer declined or cancelled your vessel insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Any other information relating to the proposed risk?	<input type="checkbox"/>	<input type="checkbox"/>

**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 \_\_\_\_\_