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Marine Protection & Indemnity 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 _____

Has the Shipowner / Manager traded under any other names within last 5 years? Yes No
If yes, please specify: _____

Subject Matter Insured

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

Vessel Name _____ Type of Vessel _____

Use of Vessel _____ Material of Hull _____

Place Built _____ Year Built _____

Flag / Port of Registry _____ Class _____

GRT / NRT _____ Dimension _____

Distinctive Number or Letters _____ IMO Ship Identification Number _____

Name of Owner _____

Address of Owner _____

Trading Areas _____

Type of Trade / Cargo carried _____

Whose cargo is carried onboard vessel: Owned Third Party

Number and Nationality of Crew _____

Vessel last surveyed _____

Name of Surveyor _____

Were all Surveyors recommendations, if any, fully rectified? Yes No

If yes, please specify: _____

Is Vessel Mortgaged? Yes No

If yes, Mortgagee's Name: _____

Is Vessel currently on charter? No Yes, bareboat chartered Yes, time-chartered

Details of Vessel's Hull & Machinery Insurance Cover

	Yes	No
Is Vessel currently insured with Hull & Machinery Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes 3/4th	Yes 4/4th
Is Collision Liability covered under H&M?	<input type="checkbox"/>	<input type="checkbox"/>
Hull & Machinery Insurance Insured Value: _____		No

Coverage / Limit of Liability

Limit of Liability _____

Collision Liability:	<input type="checkbox"/> Delete 1/4th	<input type="checkbox"/> Include 4/4th
Crew Liability:	<input type="checkbox"/> Delete	<input type="checkbox"/> Include
Cargo Liability:	<input type="checkbox"/> Delete	<input type="checkbox"/> Include
Cargo Contractual Liability:	<input type="checkbox"/> Include	<input type="checkbox"/> Sub-Limit _____
Tower's Liability:	<input type="checkbox"/> Delete	<input type="checkbox"/> Include
Extended Tower's Liability:	<input type="checkbox"/> Include	<input type="checkbox"/> Sub-Limit _____
Extensions required?		
Specialist Operations	<input type="checkbox"/> Include	<input type="checkbox"/> Sub-Limit _____
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 / Club _____

Limit of Liability _____

Rate / Premium _____

Deductible _____

Coverage _____

Others

	Yes	No
Has any insurer or club declined or cancelled your vessel's P&I 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 _____