Marine Cargo Insurance

Proposal Form

	am fac	Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequen amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.						
	1.	Producer Details						
	Pro	ducer's Name						
	Co	Contact No. (Office/Mobile)						
	En	nail Address						
	2.	2. Insured Interest						
	1.	Name of Insured						
		Address of Insured						
		Website						
		Nature of Business						
		☐ Manufacturer	☐ Freight Forwarder	☐ Trader				
		Others:						

Type of Cargo											
Description of Cargo											
□ New	☐ Reconditioned		☐ Secondhand		\square Other	's:					
Type of Packing											
☐ Bulk	☐ Break Bulk		\square FCL	☐ FCL							
Others:											
2. What is the estimated annual turnover?											
Conveyance Details											
Mode of Conveyance		Avg. Cargo Limit Per Conveyance (Plus 10%)		Max. Cargo Limit Per Conveyance (Plus 10%)			Frequency of shipment per month				
Air											
Sea											
Land (Truck / Rail)											
Courier / Parcel Post											
4. Voyage Details											
Mainly From:											
Mainly To:											
5. Did you suffer any loss in the past 3 years?											
If Yes , please furnish	h summary (of claims as show	n below:								
Year	Brief Natur	e of Loss			Total	Amoui	nt Claimed (SGD)				
6. Please state your existing insurer, if any.											
	Description of Cargo New Type of Packing Bulk Others: What is the estimate Conveyance Details Mode of Conveyan Air Sea Land (Truck / Rail) Courier / Parcel Po Voyage Details Mainly From: Mainly To: Did you suffer any lo If Yes, please furnish Year	Description of Cargo New Reco Type of Packing Bulk Bread Others: What is the estimated annual tu Conveyance Details Mode of Conveyance Air Sea Land (Truck / Rail) Courier / Parcel Post Voyage Details Mainly From: Mainly To: Did you suffer any loss in the pa If Yes, please furnish summary Year Brief Natur	Description of Cargo New Reconditioned Type of Packing Bulk Break Bulk Others: What is the estimated annual turnover? Conveyance Details Mode of Conveyance Avg. Cargo Lim Conveyance (PAir Sea Land (Truck / Rail) Courier / Parcel Post Voyage Details Mainly From: Mainly To: Did you suffer any loss in the past 3 years? If Yes, please furnish summary of claims as show Year Brief Nature of Loss	Description of Cargo New Reconditioned Seco Type of Packing Bulk Break Bulk FCL Others: What is the estimated annual turnover? Conveyance Details Mode of Conveyance Avg. Cargo Limit Per Conveyance (Plus 10%) Air Sea Land (Truck / Rail) Courier / Parcel Post Voyage Details Mainly From: Mainly To: Did you suffer any loss in the past 3 years? If Yes, please furnish summary of claims as shown below: Year Brief Nature of Loss	Description of Cargo New Reconditioned Secondhand Type of Packing Bulk Break Bulk FCL Others: What is the estimated annual turnover? Conveyance Details Mode of Conveyance Avg. Cargo Limit Per Conveyance (Plus 10%) Air Sea Land (Truck / Rail) Courier / Parcel Post Voyage Details Mainly From: Mainly To: Did you suffer any loss in the past 3 years? If Yes, please furnish summary of claims as shown below: Year Brief Nature of Loss	Description of Cargo New	Description of Cargo New	Description of Cargo New			

Commission Disclosure

The Proposer understands, acknowledges, and agrees that, as a result of the applicant purchasing and taking up the policy with Chubb Insurance Singapore Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. When the Proposer is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he/she is authorised to do so.

The Proposer further understands that the above agreement is necessary for Chubb to proceed with the application.

The above Disclosure Statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

By signing this form, I/We hereby declare that the above information provided by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that this application shall be the basis of the contract between me/us and Chubb Insurance Singapore Limited, otherwise the policy issued may be void or voidable.

The insurance applied for shall only take effect when the application has been approved by Chubb Insurance Singapore Limited.

Contact Us

Chubb Insurance Singapore Limited Co Regn. No.: 199702449H 138 Market Street #11-01 CapitaGreen Singapore 048946 O +65 6398 8000 F +65 6298 1055 www.chubb.com/sg

Name and Signature of Proposer

Company Stamp

Date

Chubb. Insured.

Published 12/2017 Page 3 of 3

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