Marine Cargo Insurance

Proposal Form

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent 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

Producer’s Name

________________________________________________________

Contact No. (Office/Mobile)

________________________________________________________

Email Address

________________________________________________________

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  ☐ Others: _______________________________

Type of Packing

☐ Bulk  ☐ Break Bulk  ☐ FCL  ☐ LCL

☐ Others: _______________________________

2. What is the estimated annual turnover?


3. Conveyance Details

<table>
<thead>
<tr>
<th>Mode of Conveyance</th>
<th>Avg. Cargo Limit Per Conveyance (Plus 10%)</th>
<th>Max. Cargo Limit Per Conveyance (Plus 10%)</th>
<th>Frequency of shipment per month</th>
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<tbody>
<tr>
<td>Air</td>
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<tr>
<td>Sea</td>
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<tr>
<td>Land (Truck / Rail)</td>
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<tr>
<td>Courier / Parcel Post</td>
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4. Voyage Details

Mainly From: ________________________________

Mainly To: ________________________________

5. Did you suffer any loss in the past 3 years?  ☐ Yes  ☐ No

If Yes, please furnish summary of claims as shown below:

<table>
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<th>Year</th>
<th>Brief Nature of Loss</th>
<th>Total Amount Claimed (SGD)</th>
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6. Please state your existing insurer, if any.
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.

Name and Signature of Proposer

Company Stamp

Date

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