

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.

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

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?

Yes No

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

Year	Brief Nature of Loss	Total Amount Claimed (SGD)

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.

Contact Us

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Name and Signature of Proposer

Company Stamp

Date

Chubb. Insured.TM