

Multimodal Freight Liability

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. Applicant Information

Name of Insured

Website

Head Office Location / Address

Other office locations

Number of years in business _____

Total turnover (Gross Freight Receipts and Other revenue, excluding Tax and Duties)

Current year USD _____

Last year USD _____

Two years ago USD _____

2. Freight Information

Specific Freight	Percentage Of Turnover (%)
Containerised (Dry)	
Containerised (Temperature controlled goods)	
Breakbulk	
Bulk	
Household goods and personal effects	
Dangerous goods	

3. Employee Information

Employees	Number
Office staff	
Manual staff	

4. Trade Association Details

Trade Associations	Details
Trade Association Membership	

5. Details on Transport Services

Transport Services	Number Of Years	Percentage Of Turnover (%)
Freight Forwarder (As agent only, using Principal's bills)		
NVOCC (as principal, issuing your own bills of lading)		
Customs Broker		
Road Transport Operator		
Warehouse Operator		
Marine Insurance Agent		
Other (please list)		

6. Voyage Details

Voyages	Percentage Of Voyages (%)
Africa	
Asia Pacific	
Europe	
Middle East	
North America	
South America	
Other (please list)	

7. Transport Method

Transport Method	Percentage (%)
Air Freight (airport to airport and/or door to door)	
Sea freight (port to port and/or door to door)	
Land transit only (road and/or rail)	

8. Warehousing, Storage And Distribution

Number of warehouse locations _____

Note: Please attach a completed Marine Storage Questionnaire for each location.

9. Procedures

Are your Standard Trading Conditions incorporated into all business transactions with your customers and sub-contractors? Yes No

Do you annually check your sub-contractors' insurance policies? Yes No

Do you have any nominated special contracts with your customers and/or principals? Yes No

Note: Please provide all trading terms and conditions with customers, principals and sub-contractors (refer to Attachment Checklist on page 4).

10. Limit Requirements

Limit Requirements	Limit (US\$)	Deductible (US\$)
Freight Liability		
Professional Indemnity		
Third Party Liability		

11. Claims (Or Incidents If Uninsured) History (Three-Year Minimum)

Year	Details	Paid	Outstanding

Attachment Checklist

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Marine Storage Questionnaire (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Standard Trading Conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Any bill of lading/sea waybill/air waybill/consignment note for road transport | | |
| | a. FIATA or COMBICON bill of lading | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b. National Freight Forwarder Association bill of lading | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | c. Applicant's house bill of lading/house air waybill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | d. Any other transportation conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Any special contracts with Shippers and/or Principals and/or Sub-contractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Any warehouse receipts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Letter of indemnity for release of cargo without presentation of the original bill of lading | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our company, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

Signature

Date

Contact Us

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