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## Marine Cargo Proposal Form

Agent / Broker \_\_\_\_\_

### Applicant Profile

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Email and Website \_\_\_\_\_

Applicant's Interest \_\_\_\_\_

Date Company established \_\_\_\_\_

Description of Business \_\_\_\_\_

### Subject Matter Insured

Interest Insured / Type of Cargoes \_\_\_\_\_

Type of Packing:  Cartons  Drums  Bags  Wooden Crates  
 Bulk  Breakbulk  Containerized  Bare (no packing)  
 Others please specify \_\_\_\_\_

Mode of Sendings (expressed in %):  
 Air \_\_\_\_\_  
 Sea \_\_\_\_\_  
     Conventional \_\_\_\_\_  
     Containerized \_\_\_\_\_  
     Bulk \_\_\_\_\_  
 Land \_\_\_\_\_  
**Total: 100%**

Annual Turnover for last policy year \_\_\_\_\_

Estimated Annual Turnover for this policy year \_\_\_\_\_

Voyages: Imports from \_\_\_\_\_  
 Exports to \_\_\_\_\_  
 Cross Voyages from \_\_\_\_\_

### Coverage / Insured Value

Sum Insured / Limit per Conveyance: Air \_\_\_\_\_  
 Sea \_\_\_\_\_  
 Land \_\_\_\_\_  
 Others \_\_\_\_\_

### Details of Insurance Cover Required

General Conditions:  ICC (A)  ICC (B)  ICC (C)  
 ICC (Air)  ICC (Air - Total Loss)  
 Land (All Risks)  Land (Restricted)

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 \_\_\_\_\_

Limit of Liability \_\_\_\_\_

Rate / Premium \_\_\_\_\_

Deductible \_\_\_\_\_

Coverage \_\_\_\_\_

**Others**

**Yes      No**

Has any insurer declined or cancelled your cargo insurance?  Yes  No

Any other information relating to the proposed risk?  Yes  No

If yes, please specify: \_\_\_\_\_

**Declaration**

**Statement Section 23(5): Statement pursuant to Section 23(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your 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 \_\_\_\_\_