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Marine Hull Proposal Form

Agent / Broker _____

Applicant Profile

Company Name _____

Address _____

Email and Website _____

Applicant's Interest _____

Date Company established _____

Description of Business _____

Qualifications / Years experience of Technical Operation Team _____

Number of Vessels owned and managed during the last 5 years _____

	Yes	No
Has the Shipowner / Manager traded under any other names within last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please specify: _____		

Subject Matter Insured

If more than one vessel, please provide information in a separate sheet.

Vessel Name _____	Type of Vessel _____
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Use of Vessel _____	Material of Hull _____
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Place Built _____	Year Built _____
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Flag _____	Class _____
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GRT / NRT _____	Dimension _____
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Trading Areas _____

Type of Trade / Cargo carried _____

Number and Nationality of Crew _____

Vessel last surveyed _____

Name of Surveyor _____

	Yes	No
Were all Surveyors recommendations, if any, fully rectified?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please specify: _____		

Is Vessel Mortgaged?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, Mortgagee's Name: _____

Coverage / Insured Value

Hull & Machinery (and/or Crane) _____

Increased Value _____

War Risks _____

Mortgagees Interests _____

Details of Insurance Cover Required

General Conditions: ITC-Hulls FPAU Total Loss

Collision Liability: No Yes

If yes, please tick proportion required: 1/4th 3/4th 4/4th

Include restricted P&I Cover: No Yes

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 _____

Insured Value _____

Rate / Premium _____

Deductible _____

Coverage _____

Others

	Yes	No
Has any insurer declined or cancelled your vessel insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Any other information relating to the proposed risk?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____