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Great Pleasure Craft Proposal Form

Note to Applicant:

1. This **Proposal** form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for a Great Pleasure Craft Insurance Policy.
2. Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer(s) and identify the question number(s) concerned.
3. In this **Proposal** form:
 - a. **"Applicant"** means the entity intended to be the Insured, defined as the Insured in the **Policy**.
 - b. **"Great American"** means the Great American Insurance Company – Singapore Branch.
 - c. **"Policy"** means Pleasure Craft Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.

Agent/Broker _____

Part 1: Particulars of Applicant

i. For Individual

Insured Name (in full) _____

NRIC/FIN/Passport No. _____ Date of Birth (DD/MM/YYYY) _____

Nationality _____ Gender: Male Female

Occupation _____

Correspondence Address: Hse/Blk No. _____ Street Name _____
 Unit No. _____ Postal Code _____

Email _____ Telephone No. _____

ii. For Corporate

Company Name _____

Company Registration No. _____ Co. Contact Person _____

Nature of Business _____

Correspondence Address: Hse/Blk No. _____ Street Name _____
 Unit No. _____ Postal Code _____

Email _____ Telephone No. _____

Part 2: Particulars of Vessel

Name of Vessel _____ Registration No. _____

Type of Vessel _____ Make & Model _____

Material of Hull _____ Year Built _____

Gross Tonnage _____ Country of Registration _____

Dimension (ft/m): (L) _____ (B) _____ (D) _____

Passenger Capacity _____ Date Purchased (DD/MM/YYYY) _____

Purchase Price _____ Engine Make & Model _____

Engine Power (kW/hp) _____ Max Designed Speed (knots) _____

Part 2: Particulars of Vessel Continued**Propulsion:**

- Non-powered
- Inboard
- Outboard
- Sail-powered
- Jet
- Other, please specify _____

Part 3: Details of Mooring and Navigation

Navigation Area _____

Location of Mooring/Storage _____

Method of Mooring/Storage:

- Marina berth
- Marina stack
- Private jetty
- Trailer
- Other, please specify _____

Part 4: Use of Vessel

- Private & pleasure
- Skippered charter
- Bareboat charter
- Commercial use
- Liveaboard
- Other, please specify _____

(Houseboat is excluded)

Part 5: Details of Skipper/Master

Name of Skipper/Master _____

Date of Birth (DD/MM/YYYY) _____ Years of Sailing _____

Type of Qualification/License _____

Part 6: Details of Coverage Required**Sum Insured Currency:**

- SGD
- USD
- Other, please specify _____

Billing Currency:

- SGD
- USD
- All Risks including Third Party Liability
- All Risks excluding Third Party Liability
- Third Party Liability

Part 6: Details of Coverage Required Continued

Sum Insured of Vessel _____ Third Party Liability Limit _____

Optional Extensions:

Personal Accident *Free cover for you or the person allowed by you to control your vessel up to SGD10,000 for any one person and up to aggregate limit of SGD10,000 for any one accident.*

Name of Insured Person _____

Please indicate if a higher limit is required

Limit required _____ Limit any one person _____

Aggregate Limit _____

Personal Accident Plus Limit required _____ Limit any one person _____
Aggregate Limit _____

Personal Effects and Sporting Equipment Free cover up to SGD3,000 for any one accident
 Please indicate if a higher limit is required _____

Medical Expenses

Sailboat Racing Risks Maximum race distance (nm) for any one leg _____

Water Skiers and/or Aquaplaning Liability Limit required _____

Uninsured/Underinsured Boaters

Land Transit Damage

War and Strikes Risks

Defective Parts

Part 7: 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 result in a claim, had proposed cover been in force.

Date of Accident (DD/MM/YYYY)	Details and Cause of Loss	Claim Paid (SGD)	Outstanding (SGD)	Status

Part 8: Other Information

Yes No

Name of Previous Insurer _____

Has any insurer declined or cancelled your vessel insurance? Yes NoAny other information relating to the proposed risk? Yes No

If yes, please specify

Period of insurance required (DD/MM/YYYY):

From _____ To _____

Part 9: Important Notice

This product is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this **Policy** is automatic and no further action is required from the Insured. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Great American Insurance Company, Singapore Branch servicing agent/broker or visit the GIA/LIA or SDIC websites (www.gia.org.sg), (www.lia.org.sg) or (www.sdic.org.sg).

Part 10: Personal Data Collection Statement

1. In order to process, evaluate, administer and/or manage any application, relationship, account and/or policy with **Great American**, **Great American** will necessarily need to collect, use, disclose and/or process your personal data and/or personal information relating to any individual proposed for coverage. Such personal data includes (i) information set out in this proposal form, (ii) any other personal information provided by the **Applicant** or already in the possession of **Great American** as previously provided by the **Applicant**; and (iii) the **Applicant's** claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
 - a. considering whether to provide the **Applicant** with the insurance under this **Proposal** including considering whether to accept any renewal request;
 - b. processing the **Applicant's** application for underwriting and insurance;
 - c. administering and/or managing the **Applicant's** relationship, account and/or policy with **Great American**;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under the **Applicant's** policies;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
 - f. carrying out your instructions or responding to any inquiries by the **Applicant** and/or any other individuals covered in the **Applicant's** policies;
 - g. dealing in any matters relating to the services and/or products which the **Applicant** may be entitled to under the policy which the **Applicant** is applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to the **Applicant**, which could involve disclosure of certain personal data about the **Applicant** to bring about delivery of the same as well on the external cover of envelopes/mail packages);
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to this application, the **Applicant's** renewal request, the **Applicant's** claims or any other matter relating to the **Applicant's** policies, and whether or not there is any suspicion of the aforementioned; and/or
 - i. complying with applicable law in administering and managing the **Applicant's** relationship with **Great American**.
 (collectively the "**Purposes**")
3. **Great American** may/will also be collecting from sources other than the **Applicant** and individuals proposed for coverage, personal data about any such individuals, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

Part 10: Personal Data Collection Statement Continued

4. Such personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers/law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for **Great American** in relation to one or more of the above Purposes.
 5. By signing below, to the extent that the **Applicant** is submitting personal data or information relating to another individual, the **Applicant** represents and warrants that the **Applicant** has obtained the individual's consent :
 - a. for the **Applicant** to provide such personal data or information to **Great American**;
 - b. for **Great American** to collect, use, disclose and/or process such personal data or information for the Purposes; and/or processing the same, for one or more of the Purposes as described above;
 - c. for **Great American** to collect such personal data or information from sources other than that individual and to use, disclose and/or process the same, for one or more of the Purposes; personal data to the Relevant Parties, for the Purposes as described above; and
 - d. for **Great American** to disclose such personal data or information to the Relevant Parties, for the Purposes; and
 - e. for **Great American** to transfer such personal data or information out of Singapore to the Relevant Parties, for the Purposes.
- I have read and agree to the above.

Part 11: Declaration and Signature

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.

Signature of Applicant

Date