

## **Bailee's Liability Proposal Form**

## **Important Notice**

- 1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
- 2. Please note that this insurance is subject to the premium being paid and received in full by the Company
  - a) before the inception date where the Policy is issued to an Individual; or
  - b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances,
  - failing which there will be no liability under this Policy.

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3	The lightlity of the Co	mnany does not comme	ance until this Δr	nlication is accented	and the premium is paid	in accordance with clause 2
υ.	The hability of the OO	inpany does not comm	shee until this Ap	plication is accepted	rand the premium is paid	
	above.					

## Please note that this proposal form is for Bailee's Liability (including Warehouseman Liability) which does not cover the liabilities of an NVOCC (Non-Vessel Owning Common Carrier) nor NAOCC (Non-Aircraft Owning Common Carrier)

## Intermediary's Name / Code: \_

1. General Information						
Proposer's Name:			ROC No:			
Business Description:						
i						
Address:						
Facsimile No:	Telephone No:	Telephone No: Website:				
Period of Insurance: From	(dd/mm/yyyy)	to	(dd/mm/yyyy)			
2. Information on Owners, Pa	rtners, Officers and Directo	ors				
Name	Title		rs of Relevant ing Experience	Years with the Company		
<ol> <li>Membership: List Professional and Trade Associations of which company is a member (e.g. Singapore Logistics Association, Singapore Aircargo Agent Association etc.)</li> </ol>						
Name of As	Year Joined	Member	ship Status			
4. Trading Conditions (Please	attach a copy of your Star	idard Trading co	onditions)			
	attach a copy of your Star			□ Yes □ No		
a. Are your standard trading c		mers prior to shipm	ent / transaction?	□ Yes □ No □ Yes □ No		
a. Are your standard trading c b. Are your standard trading	conditions provided to your custon	mers prior to shipm	ent / transaction?			
<ul> <li>Are your standard trading c</li> <li>b. Are your standard trading customers?</li> </ul>	conditions provided to your custor conditions indicated in your co stated in your	mers prior to shipm	ent / transaction?	□ Yes □ No		
<ul> <li>a. Are your standard trading c</li> <li>b. Are your standard trading customers?</li> <li>c. Are your trading conditions</li> <li>□ Debit Note/Invoice</li> </ul>	conditions provided to your custor conditions indicated in your co stated in your	mers prior to shipm prrespondence/faxe Delivery Order	ent / transaction? es/emails to your	□ Yes □ No		
<ul> <li>a. Are your standard trading c</li> <li>b. Are your standard trading customers?</li> <li>c. Are your trading conditions</li> <li>□ Debit Note/Invoice</li> <li>d. If you answer 'No' to any o</li> </ul>	conditions provided to your custon conditions indicated in your co stated in your Quotation	mers prior to shipm prrespondence/faxe Delivery Order	ent / transaction? es/emails to your	□ Yes □ No		

e.	e. Are there any non-standard trading conditions contracted with your customers?					
	If yes, please extend copies of these contracts if you wish to cover your liabilities arising from these contracts.					
f.	f. Copies of these non-standard trading conditions are attached herein.			□ Yes	□ No	
5. Bu	siness Activities and Gross Receipts					
Type of Business Activities		Actual Annual Gross I Receipts for last 12 months (S\$)	stimated Annual Gross Receipts for next 12 months (S\$)			
a.	Warehouseman					
b.	Road Hauler					
Total G	iross Receipts					
Of the	above please advise percentage of work that y	ou sub-contracted to third par	ties.			
a.	Warehouseman	%		%		
b.	Road Hauler	%		%		
	require that your sub-contractors lodge a copy of		ance with you?		□ No	
	e any other Business Activities:					
maicate	any other business Aduvides.					
6. State Territorial Limit of Operation						
7. Type of Cargo Handled by Percentage (%)						
a.	Commodities e.g. coffee beans, rice, sugar etc.			%		
b.	Perishable Cargo e.g. fruits, foodstuff			%		
C.				%		
d.	Used Personal Effects and Household goods			%		
e.	e. Temperature controlled cargoes (please give details)			%		
f.	Plants and/or cut flowers			%		
g.	High valued computer related cargoes e.g. integrated circuits, disk drives etc.			%		
h.	Wine or Beer			%		
i.	Spirits and other Alcoholic Beverages			%		
j.	Cigarettes and other Tobacco based products			%		
k.	Fur and leather or garment/items made from leather/fur			%		
I.	Clocks watched and parts			%		
m.				%		
n.				%		
0.				%		
р.				%		
q.	Project/Special cargoes (please give details)			%		
		TOTAL		100%		

8. Warehouse Facilities						
Location / Address	Describe Security S available at Locatio CCTV, 24hrs securit	n (e.g.	Facilities	e fire Protection at Location (e.g. rinkler etc.)		
a. Are the premises operated and controlled by you? If they are not operated and controlled by you, please note that the policy does not provide cover for storage in such warehouse.						
b. Are the premises solely occupied by you?						
c. If shared with others, please advise						
Location Are goods	handled clearly segrega	ted from o	others 🗆 Ye	es 🗆 No		
Location Are goods	handled clearly segrega	ted from o	others 🗆 Ye	es 🗆 No		
9. Cold Storage Facility						
Please complete the Cold Storage Supplementary Propos	al Form if refrigeration s	ystem is p	provided.			
10. Limit of Liability required under this insurance	e					
Limit of Liability Any One Accident and in the Aggregate:						
<b>11. Loss Experience:</b> Please list all claims &/or losses for the last 5 years regardless of whether there was insurance cover ( <i>To attach separate sheet if necessary</i> )						
Nature of Loss	Policy deductible	Original Claim Amount		Claim Status		
12 Employees Information						
12. Employees Information           Number of employees on permanent employment:						
Number of employees on part time employment:						
DE	CLARATION					
I/We to the best of my/our knowledge and belief that all the answers given to this Proposal Form are true, accurate and complete and all the material factors affecting the assessment of the risks have been disclosed. I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo") and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Sompo.						
I/We acknowledge and agree (in case of corporate policy, I/we represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.						
I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at <u>www.sompo.com.sg</u> .						
Company Stamp and/or Signature of Proposer Name of Authorised Signatory: Designation:	Date					