

Marine Cargo Insurance 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 cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

Intermediary's Name / Code: _____

A. COMPANY PROFILE

Name of Company: _____

Nature of Business: _____

Address: _____ **Email:** _____

Web Address: _____

Office Tel: _____ **Mobile:** _____

B. UNDERWRITING INFORMATION

- New **(Please tick applicable)**
- Used/ Reconditioned **(Please tick applicable)**

Description of Cargo
(Please give full description of cargo) _____

Estimated Annual Turnover: _____

	Countries (From)	Countries (To)
Type of packaging (Please tick applicable)		

- Type of packaging (Please tick applicable)**
- Cartons Drums Container
 Crates Bags Reefer
 Bundles Bulk

Mode of Shipment	Conditions (Please tick the required item(s))	Limitations (Max. Value Shipped) (SGD)	% of Estimated Annual Turnover (SGD)
<input type="checkbox"/>	Sea Conveyance <input type="checkbox"/> ICC (A) [All Risk] <input type="checkbox"/> ICC (B) <input type="checkbox"/> ICC (C) [Total Loss] <input type="checkbox"/> Others:		
<input type="checkbox"/>	Air Conveyance <input type="checkbox"/> ICC (Air) <input type="checkbox"/> Airfreight clause [Total Loss]		
<input type="checkbox"/>	Land Conveyance <input type="checkbox"/> Goods Inland Transit [All Risk] <input type="checkbox"/> Goods Inland Transit [Restricted]		

C. CLAIMS DETAILS

Any claims records for the past 3 years?
 (If 'YES', please provide the following details below)

 YES

 NO

Year	Nature of Loss	Claims Paid	Claims Outstanding	Premium	Loss Ratio	Previous Underwriter

DECLARATION

I/We hereby apply for insurance as above and I/we declare that the answers and particulars given above are in every respect true, accurate and correct, and that I/we have not proposed for insurance in excess of the actual value of the property described and I/we have not withheld any information likely to affect the acceptance of this proposal; and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the said property, and I/we agree that this Proposal and Declaration shall be the basis of the Contract between Sompo Insurance Singapore Pte. Ltd. ("Sompo") and myself/ourselves; and I/we further agree to accept Underwriter's Marine Cargo Policy or Certificate subject to the terms and conditions contained therein or endorsed thereon.

I/We acknowledge and agree (in case of corporate policy, I 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 www.sompo.com.sg

I am/We are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

 Company Stamp and/or Signature of Proposer
 Name of Authorised Signatory:
 Designation:

 Date