

Sompo Insurance Singapore Pte. Ltd.

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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 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.

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:	oposer's Name:							
Business Description:								
Address:								
Facsimile No:	Telephone No:	Website:						
Period of Insurance: From	(dd/mm/yyyy) to		(dd/mm/yyyy)		уууу)			
2. Information on Owners, Par	tners, Officers and Directors							
Name	Title		Years of Relevant Working Experience		Years with the Company			
3. Membership: List Professional and Trade Associations of which company is a member (e.g. Singapore Logistics Association, Singapore Air cargo Agent Association etc.)								
Name of			Membe	ership Status				
4. Trading Conditions (Please	attach a copy of your Standard	Trading con	ditions)					
 a. Are your standard trading Shipment / transaction? 	Are your standard trading conditions provided to your customers prior to Shipment / transaction?			□ Yes □ No				
 b. Are your standard trading to your customers? 	Are your standard trading conditions indicated in your correspondence/faxes/emails							
c. Are your trading condition	. Are your trading conditions stated in your							
☐ Debit Note/Inv	oice Quotation	☐ Delivery Or	der 🗆	Warehouse rec	eipts			
d. If you answer 'No' to any conditions to your custom	of the above questions, please ac ners?	dvise how do	you conve	y your trading				

e.	Are there any non-standard trading conditions contracted with your customers?			□ Yes □ No		
arising fr	If yes, please extend copies of these contracts irom these contracts.					
f.	~			□ Yes □ No		
5. Bus	siness Activities and Gross Receipts					
Type of	Business Activities	Actual Annual Gross Receipts for last 12 months (S\$)		Annual Gross Receipts et 12 months (S\$)		
a.	Warehouseman					
b.	Road Hauler					
Total Gr	ross Receipts					
Of the a	bove please advise percentage of work that y	ou sub-contracted to third partic	es.			
a.	Warehouseman	%		%		
b.	Road Hauler	%		%		
Do you r	require that your sub-contractors lodge a copy of	their own Bailee's Liability Insuran	ce with you?	□ Yes □ No		
Indicate	any other Business Activities:					
6. Stat	te Territorial Limit of Operation					
7. Typ	e of Cargo Handled by Percentage (%)					
a.	. Commodities e.g. coffee beans, rice, sugar etc.			%		
b.	Perishable Cargo e.g. fruits, foodstuff %			%		
C.	. General Cargo. Cargo that is loaded/stowed in general, non-specialised stowage areas or standard shipping containers					
d.		general, non-specialised stowage	Э			
		n general, non-specialised stowag	Э	%		
e.	areas or standard shipping containers		9	%		
e. f.	areas or standard shipping containers Used Personal Effects and Household goods		e	% % %		
	used Personal Effects and Household goods Temperature controlled cargoes (please give de	etails)	9	% % % %		
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8. Warehouse Facilities									
Location / Address	Describe Security System available at Location (e.g. CCTV, 24hrs security, etc.)		Describe fire Protection Facilities at Location (e.g. Sprinkler etc.)						
a. Are the premises operated and controlled by you? ☐ Yes ☐ No 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?		[☐ Yes ☐ No						
c. If shared with others, please advise									
Location Are goods han	dled clearly segregated from	others [□ Yes □ No						
Location Are goods hand									
9. Cold Storage Facility									
Please complete the Cold Storage Supplementary Proposal Fo	orm if refrigeration system is	provided.							
10. Limit of Liability required under this insurance									
Limit of Liability Any One Accident and in the Aggregate:									
11. Loss Experience: Please list all claims &/or losses for the last 5 years regardless of whether there was insurance cover (To attach separate sheet if necessary)									
Nature of Loss	Policy deductible	Original Claim Amount		Claim Status					
12. Employees Information									
Number of employees on permanent employment:									
Number of employees on part time employment:									
DEC	LARATION								
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 www.sompo.com.sg									
Company Stamp and/or Signature of Proposer Name of Authorised Signatory: Designation:	Date								