



Sail@360° insures you against the risk of owning and operating your Vessel, be it a sailing yacht or jet-ski, for your own leisure and private use.

This comprehensive policy caters not only to the material damage of your insured Vessel but also your legal liability to third parties.

With the usage of internationally recognised Institute Yacht Clause (IYC) wordings, the possibility of misinterpretation of policy wordings is eliminated.

With Sail@360°, you can leave your worries on shore. That's our promise.

MATERIAL DAMAGE

Under this section, the clause covers loss of or damage to your Insured Vessel caused by:

- · Perils of the sea
- Fire
- Jettison
- Piracy
- Contact damage
- Earthquake, volcanic eruption or lightning

In addition, provided that loss or damage has not resulted from want of due diligence by you as owners or managers, the IYC includes:

Loss of or Damage to Your Insured Vessel Caused by:

- · Accidents in loading, discharging or moving of stores, gear, equipment, machinery or fuel
- Explosions
- Malicious acts
- Theft of entire insured Vessel or her tender Vessels

Loss of or Damage to Your Insured Vessel* Caused by:

- Latent defects in hull or machinery, breakage of shafts or bursting of boilers (but excluding the cost and expense of replacing or repairing the defective part of broken shaft or burst boiler)
- Negligence of any person whatsoever (but excluding loss arising from negligence or breach
 of contract in respect of repair or alteration work carried out for your Account or in respect of
 the maintenance of the Vessel)

LEGAL LIABILITIES TO THIRD PARTIES

Under this section, the policy will indemnify you for your legal liability to third parties for:

- Loss of or damage to any other Vessel or property whatsoever
- Loss of life, personal injury or illness, including payments made for life salvage caused on or near the Vessel or any other Vessel
- Any attempted or actual raising, removal or destruction of the wreck of the insured Vessel or any neglect or failure to raise, remove or destroy the insured Vessel

Plus legal costs incurred (if incurred with our prior written consent) to pay in contesting liability or taking proceedings to limit liability or costs for representation at any coroner's inquest or fatal accident enquiry.

SPECIAL ENHANCEMENT

Besides the stipulated protection, the coverage may be further enhanced to meet your individual boating needs.

- Loss of outboard motor dropping off or falling overboard
- Liability to or incurred by any person engaged in water sports activities in connection with the Vessel
- Racing risk extension to cover the cost of replacing and repairing sails, masts, spars, rigging lost or damaged by an insured peril whilst Vessel is racing

^{*}excluding motor and connections electrical equipment, batteries and connections.

INSURANCE PROPOSAL FORM

Company's Registration No	Intermediary:	Contact Person:			
1. STATEMENT Pursuant to Section 25(5) Cap 142 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 inceptional 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 of above. INSURED'S PARTICULARS (Individual / Corporate) Insured's Name (In Full) Inc / Passport No. Date of Birth Nationality Occupation Address Email (Home) (Mobile) No. of years of boating experience IF CORPORATE Company's Registration No. Nature of Business Contact Person Email (Business) (Fax) DETAILS OF MASTER (FOR CORPORATE ONLY) Name IC / Passport Date of Birth Date of Birth Date of Birth COLUMN Date of Birth COLUMN Date of Birth Dat	The Sail@360° is designed specially for Pleasure Crafts' Owners, for own private and leisure use.				
Insured's Name (In Full) IC / Passport No Date of Birth Nationality Occupation Address Email (Home) (Mobile) No. of years of boating experience IF CORPORATE Company's Registration No Nature of Business Contact Person Email Tel (Business) (Fax) DETAILS OF MASTER (FOR CORPORATE ONLY) Name	 STATEMENT Pursuant to Section 25(5) Cap 142 of the Insurremind you that you must disclose to us fully and faithfully the fact benefits from your Policy. Please note that this insurance is subject to the premium being pair where the Policy is issued to an Individual; or (b) within the period in all other instances, failing which there will be no liability under th The liability of the Company does not commence until this Applic dause 2 of above. 	s you know or ought to know otherwise you may not receive any d and received in full by the Company (a) before the inception date specified in the Premium Payment Warranty applied to the Policy is cover. Cation is accepted and the premium is paid in accordance with			
NationalityOccupation	<u> </u>				
Email	IC / Passport No	Date of Birth			
Email	Nationality	Occupation			
Tel (Home) (Mobile) No. of years of boating experience IF CORPORATE Company's Registration No	Address				
Tel (Home) (Mobile) No. of years of boating experience IF CORPORATE Company's Registration No					
IF CORPORATE Company's Registration No	Email				
Company's Registration No	Tel (Home)	(Mobile) No. of years of boating experience			
Company's Registration No					
Nature of Business	IF CORPORATE				
Contact Person Email Tel (Business) (Fax) DETAILS OF MASTER (FOR CORPORATE ONLY) Name IC / Passport Date of Birth	Company's Registration No.				
Tel (Business) (Fax) DETAILS OF MASTER (FOR CORPORATE ONLY) Name IC / Passport Date of Birth	Nature of Business				
Tel (Business) (Fax) DETAILS OF MASTER (FOR CORPORATE ONLY) Name IC / Passport Date of Birth	Contact Person				
DETAILS OF MASTER (FOR CORPORATE ONLY) Name IC / Passport Date of Birth	Email				
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Name Date of Birth					
Name Date of Birth	DETAILS OF MACTER (FOR CORROBATE ON	LV			
IC / Passport Date of Birth					
Nationality	•				
	No. of years of boating experience	Qualifications			

VESSEL'S DETAIL (Please tick) Name of Vessel ______ Pleasure Craft Licence No. ____ Construction Type _____ Type of Craft (eq. Speedboat, Cabin Cruiser, Jetski) _____ Model _____ Year Built ____ Gross Tonnage ____ Country of Reg. (Flag) _____ Passenger Capacity _____ Dimension (in metres) Length / Breadth / Depth _____ Engine Make / Model / Serial No. ___ _____ Engine Power (KW) _____ Maximum Designed Speed (Knots) • Engine Mounting: Inboard Outboard Has Hull or Motor been modified or performance enhanced in any way? □ Yes □ No If Yes, please provide details: MOORING PLACE (when Vessel is not in use) Mooring / storage place _____ How is Vessel moored / stored? (Please tick) ☐ Marina Berth ☐ Dry Stack Others COVERAGE REQUIRED (Please tick) Comprehensive with Third Party Liability Cover a. Sum Insured (Market Value) b. Third Party Liability Limit any one accident ☐ Third Party Liability Cover only Limit: S\$ ____ (any one accident) VESSEL'S USAGE (Please tick) Own private and leisure use ☐ Hire / charter for reward with Master / Skipper ☐ Hire / charter for reward without Master / Skipper ☐ Hire /charter for teaching Cruising Limits ___ **EXTENSIONS REQUIRED (Please tick)** Racing risk extension Water sports activity* Limit: S\$_ _____ (any one accident) (If separate limit is required from the basic Third Party Liability Limit.) *Water sports activity while being towed by the Vessel.

INSURANCE PROPOSAL FORM

CLAIMS HISTORY (for last 3 years) on Vessel to be insured as well as previous Vessels owned or handled

DATE OF ACCIDENT	NATURE OF ACCIDENT	CLAIMS INCURRED (to include paid or not paid)

DECLARATION (Individual / Corporate)

I/We to the best of my/our knowledge and belief that all the answers given to this Proposal Form are true 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 undertake to advise Sompo of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured

I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we 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 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 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.

PΙ	ease	tick	where	appropr	iate
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☐ I/We confirm acceptance of your quotation and ag the contract between me/us and Sompo.	ree that this Proposal and De	claration shall be the basis c
$\hfill \Box$ Please proceed to effect the insurance with effect	from	to
☐ Please inform MPA of the insurance in order for us	to renew our Pleasure Craft L	icence.
☐ I/WE ENCLOSE A CHEQUE FOR \$\$ MADE PAYABLE TO SOMPO INSURANCE SING		.:
NAME OF APPLICANT Designation & Company's stamp	SIGNATURE	DATE



Important Note

- This product writeup is not a contract of insurance. Please refer to the Policy for full details
 of the terms, conditions and exclusions.
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that re covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



Sompo Insurance Singapore Pte. Ltd.

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Company Registration No.: 198905490E