

Marine Cargo Annual Policy Proposal Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap. 142) or any subsequent amendments thereof: You are to disclose in this proposal form fully and faithfully all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

A. Details Of Applicant

Proposer's Name

Address

Email

Web Address (if any)

Business Activities

Operating Since

B. Details Of Shipment

Details of subject matter to be insured (Please indicate if cargoes are New, Used or Reconditioned):

• Import

• Exports

• Domestic

| Estimated Annual Turnover | Currency | Amount |
|--|--------------|--------|
| • Imports (Goods bought on FOB/EX WORKS etc basis) | | |
| • Exports (Goods sold under CIF/C&F etc. basis) | | |
| • Domestic Procurement (Inland Transit) | | |
| | Total | |

Mode of Packing

Are containers used? Yes No

• If Yes, the containers are FCL LCL Reefer Others (Please specify)

• If no, please provide packing details (such as drums, bundles, cartons/crates/bags etc)

| Mode of Shipment | Approx. % of Estimated Annual Turnover |
|---------------------------|--|
| • Sea | % |
| • Air | % |
| • Road | % |
| • Post Parcel | % |
| • Courier | % |
| • Others (please specify) | % |

Details of voyage

| Type of Transit | From (Countries/Places) | To (Countries/Places) |
|-----------------|-------------------------|-----------------------|
| Exports | | |
| Imports | | |
| Inland transit | | |
| Specific | | |

Limit Per Conveyance (Maximum value shipped)

| Any One | Import | Export | Inland Transit |
|------------------------|--------|--------|----------------|
| Truck/Road vehicle | | | |
| Air | | | N.A. |
| Ocean Going Vessel | | | N.A. |
| Courier | | | |
| Parcel Post | | | |
| Other (Please specify) | | | |

Additional information, if any, relevant to the proposed insurance

C. Details Of Existing Cover And Claims

Has your insurance cover ever been cancelled by any Insurer? Yes No
If yes, please give details.

Loss Ratio for the past 5 years

| Year | Premium Paid (1) | No. of Claims | Claims Paid (2) | Outstanding Claims (3) | Loss Ratio $[(2+3)/(1)] \times 100$ | Underwriters |
|------|------------------|---------------|-----------------|------------------------|-------------------------------------|--------------|
| | | | | | | |
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Claims Details

| Date of Accident | Cause of Loss | Claims Paid | Outstanding Claims |
|------------------|---------------|-------------|--------------------|
| | | | |
| | | | |
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D. Declaration And Signature

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might 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, if terms are agreed, it will form part of the contract.

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

| | |
|--------|----------|
| Name | Position |
| Signed | Date |

E. Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

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| QBE Insurance (Singapore) Pte Ltd Part of QBE Insurance Group Unique Entity No. 198401363C 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881 Tel: (65) 6224 6633 www.qbe.com/sg |
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| Your Insurance Adviser or Broker |
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