

MARINE CARGO INSURANCE PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER

Statement pursuant to Section 25(5) of the Insurance Act (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.

Agent / Broker:		Code:
Email Address:	Tel. No.:	

PROPOSER

Insured Name:	
Billing Address:	Postal Code ()
Nature of Business (please provide full description):	
Business Registration No.:	Number of Years in Business:

CARGO DETAILS

Description of Cargo:	
<input type="checkbox"/> Brand New / <input type="checkbox"/> Used (Please tick)	
Type of Packing (Please tick):	
<input type="checkbox"/> Cartons	<input type="checkbox"/> Wooden Cases
<input type="checkbox"/> Full Container Load (FCL)	<input type="checkbox"/> Loose Container Load (LCL)
<input type="checkbox"/> Bulk Shipment	
<input type="checkbox"/> Bundles	
Others, please specify: _____	

INDIVIDUAL SHIPMENT – SINGLE POLICY

Sum Insured:	
Voyage / Transit: From _____ To _____	
Transshipment (if any): _____	
Vessel Name(s) / Flight Number(s):	Estimated Departure Date:
Any Bank / LC involved? <input type="checkbox"/> Yes <input type="checkbox"/> No (to attach copy if yes)	

MULTIPLE SHIPMENTS

Please tick:

☐ Marine Open Cover
 ☐ Annual Policy
 ☐ Cover Note

Mode of Transit (you may tick more than one)

☐ Sea
 ☐ Air
 ☐ Land

Maximum Sum Insured per Conveyance:

Voyage / Transit:

From: _____

To: _____

Estimated Annual Insurable Turnover:

Average Sum Insured per shipment:

Frequency of Shipments per month:

COVERAGE REQUIRED

Please tick:

☐ Institute Cargo Clauses (A)
 ☐ Institute Cargo Clauses (B)
 ☐ Institute Cargo Clauses (C)

☐ Others, please specify: _____

STANDARD CLAUSES

The insurance is subject to the following clauses:

- a) Institute Classification Clause 1/8/97
- b) Sanction Limitation and Exclusion Clause 11/08/10
- c) Contracts (Rights of Third Parties) Act 2001
- d) Institute Cyber Attack Exclusion Clause 10/11/03
- e) Institute RACE 10/11/03
- f) Termination of Transit Clause (Terrorism) JC2001/056

CLAIMS EXPERIENCE (PAST 5 YEARS)

Year	Premium Paid (SGD)	Claims Incurred		
		Paid	Outstanding	Total

EXISTING INSURER AND PRODUCER

Please state below existing insurer and existing producer.

Existing Insurer:

Existing Producer:

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and / or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and / or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- l. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

- ☐ Telephone call
 ☐ Text Message
 ☐ Mail
 ☐ Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 77 Robinson Road, #12-01, Robinson 77, Singapore 068896. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and / or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

DECLARATION AND UNDERTAKING

WE / I DO HEREBY DECLARE AND WARRANT that the answers / information given above in every respect are true and correct and we / I have not withheld any information likely to affect the acceptance of this proposal and we / I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves / myself and we / I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

Name of Company Officer

Designation

Date

Signed for and behalf of the Company
(Authorised signature and Company Stamp)

FOR OFFICIAL USE

Accepted by:

Date: