



Allianz Insurance Singapore Pte. Ltd.

PROPOSAL FORM

ALLIANZ FREIGHT FORWARDER LIABILITY INSURANCE

IMPORTANT

- This form may be completed by your authorised insurance broker
- Please attach any other information relevant to the insurance of your operation
- If you have insufficient space to answer any questions, please attach a separate sheet

Notice: Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any 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. GENERAL INFORMATION

1. Registered Company name:

Registered Address:

Website address

2. Subsidiary companies to be named & included in the insurance:

NB. The activities of the subsidiary companies must be included if different from those of the principal Assured. You may complete separate proposal form for each subsidiary company

3. Date company established:

Number of employees:

Inception / Renewal Date:

B. DETAILS OF SERVICES & OPERATION

4. Trade Association memberships:(Example SLA, STA, SAAA etc)



5. Insured Services

Please tick the services you provide to your customers & enter the proportion of your gross annual freight/charges (GFR) which are generated by each service

	No of Year	Approx. % of annual GFR
(a) Ocean freight forwarder/NVOC	<input type="checkbox"/>	
(b) Air freight forwarder/NAOC	<input type="checkbox"/>	
(c) Road haulier	<input type="checkbox"/>	
(d) Customs agent	<input type="checkbox"/>	
(e) In-transit warehousing	<input type="checkbox"/>	
(f) Long term warehousing	<input type="checkbox"/>	
(g) Packing/ consolidating	<input type="checkbox"/>	
(h) Logistic services (please detail as below)	<input type="checkbox"/>	
Supply chain management	<input type="checkbox"/>	
Reverse logistics	<input type="checkbox"/>	
Procurement	<input type="checkbox"/>	
(i) Others (please detail)	<input type="checkbox"/>	

6. Please estimate the percentage of your traffic shipped to or within each of areas

Europe	%
North America	%
Middle East	%
Africa	%
Australasia	%
Far East	%
Central & South America	%
Indian Sub-continent	%

7. What percentage of your annual turnover is represented by

General Goods (Containers)	%
Breakbulk (General)	%
Dry Bulk	%
Wet Bulk	%
Flexi-tank	%
ISOtank containers	%
Wine,Spirits, Alcohol & Tobacco	%
Dangerous cargoes	%
High value Electronic goods (eg computers, laptops, servers, IC Chips, mobile phones etc)	%
Temperature-controlled/Reefer Cargo	%
Household Goods & Personal Effects	%
Project/Heavy-lift Cargo	%

8. Do you have a Customs bond? Yes No

9. What percentage of your annual gross freight receipts relates to cargo carried under your own house bill of lading and/or house airway bill? %

10. Number of TEU's handled per annum (A forty-foot (FEU) container is counted as two TEU's) TEU's

11. Number of non-containerised metric tons handled per annum Tons

12. Number of non-containerised bulk cargo tons handled per annum Tons



13. Please identify the Contract Terms and Conditions of business and documents you currently use

- FIATA Bill of Lading
- Own Bill of lading
- Own Air Waybill
- CMR Consignment Note
- National Forwarding Association Conditions
- Own Standard Trading Conditions (STC)
- Bespoke Contracts

Please provide the Full Copy of the Contracts

14. Do you physically handle the Cargo in the course of providing the Insured Services Yes No

FINANCIAL DETAILS

15. Please fill in table below

* Turnover= gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer

	Annual turnover (of the services to be insured) for the last financial year	Estimated annual turnover for this financial year	Projected annual turnover for the next financial year
Currency			

CLAIMS DETAILS

16. In the last five years have any:

16.1 Cargo or statutory liability claims been made against you? Yes No

16.2 General third party liability claims been made against you? Yes No

16.3 Professional indemnity (errors and omissions) claims been made against you? Yes No

16.4 Any circumstances from the above that could result in a claim being made against you? Yes No

16.5 If YES to any of the above, please provide details

DETAILS OF INSURANCE COVER

17. Are you currently insured for liability risks? Yes No

17.1 If so, by whom and what is your current limit, deductible and premium?

18. Do you require a specific limit of liability and/or deductible to be quoted? Yes No

C. DECLARATION

By signing this form,

- (i) I/We declare the above statements, particulars and declarations in this Proposal Form are true, accurate and complete.
- (ii) I/We agree that this Proposal Form and the statements, particulars and declarations set out herein shall form the basis of the contract of insurance to be entered into between Insurer and myself/ourselves, and that no liability is attached until this Proposal Form is accepted by Insurer and a contract of insurance formed between Insurer and myself/ourselves.
- (iii) I/We undertake to inform Insurer of any material changes or alterations to the statements, particulars and declarations set out in this Proposal Form, if any such material changes or alterations occur before the contract of insurance is formed.
- (iv) If I/We do not fully and faithfully give the facts as I know them or ought to know them, I/We may receive nothing from the Policy.
- (v) I/We agree to the policy terms, exclusions and conditions as expressed in this Proposal Form, policy wordings and endorsements.
- (vi) By submitting information (including but not limited to personal data, if any) to Insurer by way of this Proposal Form, I/We consent to:
 - (a) the Insurer and its third party service providers, related entities, business partners collecting, using, transferring and/or disclosing all personal data related to me/us which I/We had provided, whether within or outside of Singapore for the purposes notified to me/us under Insurer's privacy policy which is available for viewing here: <https://www.allianz.sg/Privacy-Policy.html> ; and
 - (b) the collection, use, disclosure and dissemination of all information (including but not limited to information provided by I/We related to the Policy to my/our insurance intermediaries and the Insurer's authorized agents and service providers) for the purposes relating to or incidental to my/our claims under the Policy or in accordance with the legislation

Name : _____ Position : _____

Signed : _____ Date : _____