



Allianz Insurance Singapore Pte. Ltd.

## RENEWAL FORM

## ALLIANZ FREIGHT FORWARDER LIABILITY INSURANCE

### NOTICE TO THE APPLICANT

#### Your Duty of Disclosure

Before you enter into a Contract of General Insurance with an Insurer, you have a duty to disclose to the Insurer every matter which you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the Insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a Contract of Insurance)

### A. DETAILS OF POLICYHOLDER

1. Company Name

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### B. BUSINESS OPERATION DETAILS

1. Please advise any CHANGE in the Services you provide to your Customers  Yes  No

If Yes, please provide details

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2. Please advise any CHANGE in the Trading Conditions in your Business or any new Special Contracts deviating from your Standard Trading Conditions  Yes  No

If Yes, please provide details

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

4. Please advise the percentage of annual Gross receipts relates to Cargo carried under your own House Bill of Lading/Airway Bill

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5. Territorial Limits

Please estimate the percentage of annual traffic to /from each of the following areas

Europe	%	North America	%
Middle East	%	Africa	%
AustralAsia	%	Far East (China, Japan etc)	%
Central & South America	%	Indian Sub-Continent	%

6. What percentage of your annual Gross Freight Receipts is represented by:

General Cargo & Merchandise (Containers)	%
Breakbulk (General)	%
Dry Bulk	%
Wet Bulk	%
Flexi-tank	%
ISOtanks Containers	%
Wines, Spirits, Alcohol & Tobacco	%
Dangerous Goods	%
High Value Electronic Goods	%
Temperature-controlled / Reefer Cargo	%
Household Goods & Personal Effects	%
Project / Heavy-lift Cargo	%

**C. GROSS FREIGHT RECEIPTS**

1. Gross Freight Receipts

**Actual Annual Gross Receipts for last 12 months (SGD or USD) Estimated Annual Gross Receipts for next 12 months (SGD or USD)**

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#### D. CLAIMS AND RELATED DETAILS

Do you have any Claims or Losses to notify or are you aware of any circumstance, situation, accident that could give rise to a potential claim under the Policy

Yes  No

if **Yes**, please provide details  
(To attach separate sheet if necessary)

Date of Occurrence	Brief details of each accident
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## E. DECLARATION

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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) 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 & Designation

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Signature and Company Stamp

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Date

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