

PROPOSAL FORM

ALLIANZ MARINE CARGO

IMPORTANT NOTICE:

1. 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 may be void.
2. Allianz Insurance Singapore Pte. Ltd. (Insurer) reserves the right to request for more information.

Name of Intermediary: _____ Intermediary Code: _____

SECTION 1: ASSURED INFORMATION

1. Full name of Assured

2. Address of Assured

3. Nature of Business (e.g. Logistics Operator, Trader, Manufacturer, etc)

4. Website Address (if any)

SECTION 2: CARGO INFORMATION

1. Description of Cargo

NEW SECONDHAND RECONDITIONED OTHERS: _____

2. Type of Packing

Is Shipment containerized? YES NO

Please provide details of the packing (e.g. Carton/Crates/Bags/Drums/Bundles etc)

SECTION 3: VOYAGE INFORMATION

1. Voyage

Mainly From

Mainly To

2. Percentage of Shipment by Conveyance Modes

Shipment Mode	Approx % of Estimated Annual Turnover
Air	%
Sea	%
Land	%
Courier/Parcel Post	%
Others (please specify):	%

SECTION 4: CONVEYANCE DETAILS

Shipment Mode	Average Shipment Limit Per Conveyance	Maximum Shipment Limit Per Conveyance
Air		
Sea		
Land (Truck/Rail)		
Courier/Parcel Post		

SECTION 5: ESTIMATED ANNUAL TURNOVER / INSURABLE VOLUME

Estimated Annual Turnover / Insurable Volume	Currency and Amount
Imports (Goods purchased on EX Works/FOB/CFR basis)	
Exports / Sales (Goods sold on CIF/CIP/DDP/DDU basis)	
Local Inland Transits (Within Singapore)	
Total	

SECTION 6: DETAILS OF EXISTING COVER AND LOSS HISTORY

1. Has any insurance company declined, cancelled or not renewed your company's insurance cover in the past 3 years? YES NO
 If Yes, please provide details.

2. Current Insurer (if any) _____

3. Have you had any claims under any similar insurances in the past 3 years? YES NO
 if Yes, please provide details as below

Insurance Period	Paid Amount (SGD)	Outstanding Amount (SGD)	Details of Loss/Claim

(To attach separate sheet if necessary)

SECTION 7: 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 provider(s) for the purposes relating to or incidental to my/our claims under the Policy or in accordance with the legislation

Signature of Proposer

Company Stamp

Name & Designation of Proposer: _____

Date: _____