



Marine Cargo Insurance PROPOSAL FORM

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Liberty
Specialty Markets

Important Notice

Your Duty Of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that 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 the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- ▶ that diminishes the risk to be undertaken by the insurer;
- ▶ that is of common knowledge;
- ▶ that your insurer knows or, in the ordinary course of its business, ought to know;
- ▶ as to which compliance with your duty is waived by the insurer.

Non Disclosure

If any insurance contract issued is governed by the Marine Insurance Act 1909 (Cth), then failure to comply with your duty of disclosure may result in your contract being avoided from inception. If any insurance contract issued is governed by the Insurance Contracts Act 1984 (Cth), a failure to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract in respect of a claim or to cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Please Note

It is important that all questions are answered fully. Where asked to provide additional information by attachment please do so using the Insured's official letterhead. Once all questions have been answered the Insured must sign and date the proposal in the space provided on the last page.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

1. INSURED DETAILS

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Name of insured

Additional insured names requiring cover

Principal Address of Insured

Street

City

State

Country

Postcode

Name of Principal Contact

Telephone

Facsimile

Mobile

Email

Is the Insured a freight forwarder, customs broker and/or a logistics company?

Yes

No

2. MARINE CARGO PRODUCT & COVER

Please select the Marine Cargo Product you require

Annual

Single Transit

Open Cover

Does the Insured require coverage for

Exports

Imports

Domestic Transit (Singapore and/or Malaysia)

3. GOODS TO BE SHIPPED

Please provide a breakdown of the commodities to be shipped

Commodity	Percentage % to be shipped during Policy Period		
	Exports (%)	Imports (%)	Domestic Transit (%)
The total of the fields must equal 100%	TOTAL		

Please also provide a more detailed description of these commodities if required

4. SHIPPING METHODS

Are the commodities specified above principally containerised(ship or air)? Yes No

If "Yes", please specify the container type(s)

Full Container Load (FCL) Less than Container Load (LCL) Open Top

If "Yes", please specify the relevant stowage(s)

Above Deck Below Deck Air Only Bulk

If "No" or "Above Deck" was selected above, please provide further details.

5. GEOGRAPHIC REGIONS

Do all the Insured's shipments originate from or are they destined to Malaysia or Singapore? Yes No

If "No", please provide details

6. DESCRIBE YOUR SHIPMENTS

Please provide a breakdown of the areas that best describe your shipments.

Region	Percentage % to be shipped To or From during Policy Period	
	Exports (%)	Imports (%)
A. North America & Western Europe		
B. Eastern Europe, CIS Countries, Middle East, Africa, Central Asia		
C. Far East (inc. Philippines, Korea, China, Japan, Vietnam, Sub Continent, Cambodia, Indonesia, Myanmar)		
D. Rest of Asia (inc. Thailand, Taiwan, Malaysia, Singapore, Hong Kong, Pacific Island)		
E. South America & West Indies		
F. Central America & South Africa		
G. New Zealand & Australia		
The total of the fields must equal 100%	TOTAL	

Please also provide a list of the specific countries you import from and/or export to below.

*Please note, that this policy excludes shipments to or from certain countries due to geographic, war or other issues.

7. OFAC CONDITION

Notwithstanding anything to the contrary contained herein or endorsed to this Policy, the insurance provided hereunder shall not cover shipments originating in, destined for, in transit through, or containing goods made in any country or geographic region subject to, or which becomes subject to a trade embargo under United States law, including any Executive Order or regulation promulgated hereunder. In addition, the insurance provided hereunder will not cover shipments to or from any entity which is or which becomes subject to a trade embargo under United States law or listed on the Office of Foreign Assets Control list of Specially Designated Nationals.

I confirm that I have read and understood the above. Yes No

8. MODE OF TRANSPORT

Please select the modes of conveyance used for each shipment.

Exports	Road	Rail	Sea	Air	Post	Waterborne Barge
Imports	Road	Rail	Sea	Air	Post	Waterborne Barge
Domestic Transit	Road	Rail	Sea	Air	Post	Own Vehicle

9. INSURANCE & CLAIMS HISTORY

Please note that the following questions relate to all parties seeking cover under this policy. Enquiry should be made to all parties seeking cover under this policy prior to answering these questions.

Has any insurer declined to provide insurance to, or cancelled an insurance policy held by the Insured or imposed any special conditions, excess or terms? Yes No

If "Yes", please provide full details by attachment.

Has the Insured sustained any losses (insured or not) in the last 5 years? Yes No

If "Yes", did the total of all payments made in respect of that claim or claims (including any defence costs incurred) exceed \$5,000? Yes No

If "Yes", please provide full details by attachment.

10. WORDING & VALUATION

What kind of coverage is sought for the goods? All Risks (A) Major or Named Perils (B or C) Other
 If "Other", please provide details.

Are the following standard means of settlement acceptable?

Exports:	Cost Insurance Freight + 10% (CIF + 10%)	Yes	No
Imports:	Cost Insurance Freight + 10% (CIF + 10%)	Yes	No
Domestic Transit:	Invoice Purchase Price Including Freight (Invoice -Variable)	Yes	No

If "No", please provide means of settlement required by the Insured.

Please select a Policy currency* AUD USD NZD EUR

*Please note, all monetary values entered for this proposal should be in the Policy currency selected above.

11. LIMITS & EXCESSES

Please select the required Limit of Liability (any one conveyance)

Exports	\$
Imports	\$
Domestic Transit	\$

What is the estimated annual value of the insured goods or sales turnover?

Exports	\$
Imports	\$
Domestic Transit	\$

Please specify which method valuation has been used above. Value of goods insured Sales turnover

Please select the required excess (each and every loss).

Exports	\$
Imports	\$
Domestic Transit	\$

12. PERIOD OF INSURANCE

Please advise your preferred period of insurance

Start date End date

DECLARATION

To be made by the Insured

I declare and acknowledge:

- ▶ that I am, after enquiry, authorised by all person or entities seeking insurance, to make this proposal;
- ▶ that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform Liberty Specialty Markets (Liberty) of any changes to any information supplied or of any new information that is relevant;
- ▶ that I understand Liberty Specialty Markets (Liberty) relies on the accuracy of the information and documentation supplied proposing for this insurance;
- ▶ that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
- ▶ that I have read and understood the Important Notices which form part of this proposal;
- ▶ that I understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.
- ▶ that our broker will be supplying information in this proposal to Liberty on our behalf in the online version of the proposal form which includes this Declaration and I understand that Liberty will rely on that online version.

Signature

Title

Print name

Date

Privacy Notice

Liberty Specialty Markets Pte Limited (Liberty) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group (LMG). Liberty's contact details are:

Address: Liberty Specialty Markets (Liberty), One Raffles Quay, #37-02 North Tower, Singapore 048583
Phone : +65 6622 9160

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