

# MARINE CARGO INSURANCE

## SINGLE VOYAGE POLICY PROPOSAL FORM

For enquiries, please contact your intermediary or Allied World office:

 **Registered Office**  
60 Anson Road #08-01  
Mapletree Anson  
Singapore 079914  
(UEN No. T09FC0142D)

 **Customer Service Hotline**  
+65 6423 0888

 **Fax**  
+65 6423 0798

 **Email**  
sg.customerservice@awac.com

Pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.

Please try to fill in all fields as accurately as possible and tick (✓) the appropriate boxes, as this will enable us to provide you with a quick and competitive response.

### INSURED INFORMATION

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

UEN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### TRANSIT DETAILS

Insured Interest: \_\_\_\_\_ Brand New: ☐ Used: ☐

Type of Packing (e.g. cartons, boxes, bags, drums etc.):  
\_\_\_\_\_

Invoice Value (inclusive of currency): \_\_\_\_\_ ETD / Departure Date: \_\_\_\_\_

### Voyage Details:

From: \_\_\_\_\_ To: \_\_\_\_\_

Transshipment Details: \_\_\_\_\_

Mode of Conveyance: Sea ☐ Air ☐ Land ☐

### For Shipment by Sea:

Full Container Load ☐ Loose Container Load ☐ Vessel Name / IMO : \_\_\_\_\_

Any Special Clauses / Conditions Required:

Past 3 Years Claims History (date, amount claimed, brief description of claim):

#### Intermediary Contact

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Email: \_\_\_\_\_

#### DECLARATION

Please check your Proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in your own hand.

I/We declare to the best of my/our knowledge and belief that:

- a. All answers given in this proposal are true;
- b. All material factors affecting the assessment of the risk have been disclosed;

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Allied World Assurance Company, Ltd (Singapore Branch) and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the policy. No insurance will be in force until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch), and the premium fully paid.

I consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at [www.alliedworldinsurance.com/Singapore](http://www.alliedworldinsurance.com/Singapore) including disclosing my personal data to Allied World Singapore's third party service providers and agents, transferring personal data outside of Singapore.

I consent to Allied World sending me marketing, promotional or other messages via telephone:

☐

Voice call

☐

Text message

Please note if you decide you no longer wish to receive offers from us via telephone, you can opt out at any time by submitting a request via our website at [www.alliedworldinsurance.com/Singapore](http://www.alliedworldinsurance.com/Singapore). For further information, please contact our Data Protection Officer via [sg.customerservice@awac.com](mailto:sg.customerservice@awac.com) or on (65) 6423 0888.

Signature of Proposer : \_\_\_\_\_

Date : \_\_\_\_\_