



MARINE CARGO INSURANCE

ANNUAL POLICY PROPOSAL FORM

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



Registered Office
2 Central Boulevard West Tower #36-01
IOI Central Boulevard Towers Singapore 018916
(UEN No. T09FC0142D)



Customer Service Hotline
+(65) 6423 0888



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

Period of Insurance: *Click or tap to enter date* to: *Click or tap to enter date*

Cargo to be Insured:

Brand New: ☐ Used: ☐

Types of Packing (e.g. cartons, boxes, bags, drums etc.):

Geographical Scope of Cover (please list out all departure / destination countries):

Estimated Annual Turnover: _____

Frequency of Shipments: _____

Average Shipment Value: _____

Maximum Value Per Shipment: _____

Limit Per Conveyance: _____

Mode of Conveyance: Sea ☐ Air ☐ Land ☐

Any Special Conditions / Clauses 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 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. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on +(65) 6423 0888.

Signature of Proposer : _____

Date : _____