

Proposal Form

Carrier's and Warehousemen's Liability

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____
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Particulars of Proposer

Name of Proposer: _____	Business Registration No.: _____
Mailing Address: _____	
	Postal Code ()
Email: _____	Contact No.: _____
No. of Years in Business: _____	Period of Insurance: From _____ To _____
Nature of Business: (Please provide full description) _____	

Details of Carrier's Liability Insurance

a) Please state the types of transportation vehicles used. _____	
b) Please state types of goods handled. _____	
c) Is any hazardous cargo handled? If Yes, please provide particulars. (Please note that explosive, inflammable, brittle and precious items of high value are excluded.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Please state territorial limit of operation. _____	
e) Please state Annual Gross Receipt as a Carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Financial Year (As confirmed by your auditor)	Estimate for Current Financial Year
S\$ _____	S\$ _____
	Estimate for Next Financial Year
	S\$ _____

Details of Warehouse's Liability Insurance (Please fill in below if this insurance is required)

Location (1): <input type="checkbox"/> Owned <input type="checkbox"/> Rented
Location (2): <input type="checkbox"/> Owned <input type="checkbox"/> Rented
Location (3): <input type="checkbox"/> Owned <input type="checkbox"/> Rented

Name of Proposer: _____

Details of Warehouse(s)-Fire Fighting Appliances

	Location 1	Location 2	Location 3
a) Fire Alarm If Yes, where is the fire alarm connected to? Location _____:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Heat Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Hosereel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) In-house Fire Brigade If Yes, are they trained and please state the number of persons in the team? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Smoke Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Sprinkler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Yard Hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Protection other than above: _____			

Details of Warehouse(s)-Security Systems

	Location 1	Location 2	Location 3
a) 24 hours Watchman Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Burglar Alarm System If Yes, please state: i. Name of Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is it connected to a central monitoring station?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Grilled Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Security Checkpoint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Surveillance Camera	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Warehouse(s)-Other Information

a) Are the locations situated in flood-prone areas? If Yes, please provide details: _____	Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Location 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Please state types of goods stored.			
Location 1:	_____		
Location 2:	_____		
Location 3:	_____		

Name of Proposer:	
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Details of Warehouse(s)-Other Information

c) Please state Annual Gross Receipt as a Warehousemen.		
Last Financial Year (As confirmed by your auditor)	Estimate for Current Financial Year	Estimate for Next Financial Year
S\$ _____	S\$ _____	S\$ _____

Limit of Liability required and Excess to bear by Proposer

	Limit of Liability	Excess
a) Carrier's Liability		
b) Warehousemen's Liability		

Claims Experience

Please provide particulars of claims that have been made against you (or are pending) during the past five (5) years:

Date of Loss	Nature of Loss	Amount Claimed

Other Information

a) Is there any insurance on the following in-force for the same period of insurance being proposed?		
i. Carrier's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Warehousemen's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please state:		
	Name of Insurer:	Expiry Date:
i. Carrier's Liability		
ii. Warehousemen's Liability		
b) Has any insurer ever declined your application or refused to renew your Policy for the following?		
i. Carrier's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Warehousemen's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Are the contracts for carriage and/or bailment subject to the standard trading conditions of the Singapore Logistics Association?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please state the type of trading conditions being applied.		

Carriers' and Warehouseman's Liability

Name of Proposer: _____

Other Information

d) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details of Expiring Insurance-Carriers' Liability

Name of Insurer: _____		Limit of Liability: S\$ _____
Annual Premium: S\$ _____	Excess: _____	Expiry Date: _____
Special Terms and Conditions: _____		

Details of Expiring Insurance-Warehousemen' Liability

Name of Insurer: _____		Limit of Liability: S\$ _____
Annual Premium: S\$ _____	Excess: _____	Expiry Date: _____
Special Terms and Conditions: _____		

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

Carriers' and Warehouseman's Liability

Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer &
Company Stamp