

# Marine Liability Stevedores Liability Proposal Form

QBE Insurance (Singapore) Pte Ltd



**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 hereunder may be void.**  
If you have insufficient space to answer any questions, please attach a separate sheet.

Please email completed forms to [info.sing@qbe.com](mailto:info.sing@qbe.com)

Your Agent/Broker	Account No.
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Your Company Name and Address

Telephone	Fax
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Website	Email
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Date Company Established

Names and Addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance

Please describe the services you provide to your customers that you wish to be insured

Please list your directors, partners or senior managers, noting their professional qualifications or number of years experience

Number and percentage of your own full time manual workers	and	%
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Number and percentage of independent stevedores contracted in	and	%
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Total number of your own full time employees (including admin. staff)

Please detail names of any trade associations to which you are affiliated or are members

Have you obtained quality assurance accreditation from any internationally recognised organisation?  
If yes, please specify

Have you undertaken measures to ensure your business is year 2000 compliant?  
If yes, please specify the date compliance obtained

	Actual for Last Financial Year	Estimate for This Financial Year	Forecast for Next Financial Year
<b>Annual Turnover</b> (Please state currency)			
<b>Percentage Sub-Contracted</b>	%	%	%
<b>Cargo/Tonnages Handled</b>			
<ul style="list-style-type: none"> <li>• <b>Containerised</b> <i>Describe Type</i> _____ _____ _____</li> <li>• <b>Breakbulk</b> <i>Describe Type &amp; Packing</i> _____ _____ _____</li> <li>• <b>Bulk</b> <i>Describe Type</i> _____ _____ _____  <i>Describe Methods of handling bulk cargoes</i> _____ _____</li> <li>• <b>Other</b> <i>Describe Type &amp; Packing</i> _____ _____ _____</li> </ul>	 % TEU's          % ton          % ton          % ton	 % TEU's          % ton          % ton          % ton	 % TEU's          % ton          % ton          % ton

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**Your Claims History**

In the last five years have any:

- professional liability or errors and omissions claims been made against you:  Yes  No
- general third party liability claims been made against you:  Yes  No
- cargo, pollution or statutory liability claims been made against you:  Yes  No
- circumstance arisen that could have resulted in any of the above liability claims being made against you:  Yes  No

If "Yes", please provide details of all losses, insured or not for the last five years below.

If the space provided is insufficient, please attach a separate sheet.

Date of Loss	Description of Loss	Amount of Loss before applying any deductible	Status of Loss (i.e. Outstanding/Paid/Closed)

**Your Insurance Cover**

- Are you currently insured for your liability to third parties as a stevedore?  Yes  No  
If "Yes", please answer below

By whom \_\_\_\_\_

Current Limit \_\_\_\_\_

Current Deductible \_\_\_\_\_

Current Premium \_\_\_\_\_

- What is the limit of liability or deductible required?  
Current Limit \_\_\_\_\_  
Current Deductible \_\_\_\_\_

- Is your location of risk restricted to Singapore Port?  Yes  No  
If "No", please advise.

- Any special requirements for your insurance cover?
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**Your Trading Conditions**

- Who engaged your services?
    - Ports \_\_\_\_\_ %
    - Private Terminals \_\_\_\_\_ %
    - Ship Operators \_\_\_\_\_ %
    - Others \_\_\_\_\_ %
  
  - Do you have:
    - a) Standard contracts?  Yes  No  
If "Yes", please provide copy
  
    - b) Individual user agreements?  Yes  No  
If "Yes", please provide copy
  
    - c) No contract?  Yes  No
  
  - Are all customers advised of your standard conditions before services are provided?  Yes  No
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**Declaration**

Has any insurer ever:

- declined to insure you  Yes  No
- cancelled your insurance  Yes  No
- refused to renew your insurance  Yes  No
- imposed special terms  Yes  No

If "Yes", please advise/attach full details.

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We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name	Designation
Stamp/Signed	Date

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**Personal Information Collection Statement (“PICS”)**

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. (“QBE SG”), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at [www.qbe.com/sg](http://www.qbe.com/sg). These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE’s Privacy Policy for the purposes stated therein;
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
QBE Insurance (Singapore) Pte Ltd  
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881  
Email: [info.sing@qbe.com](mailto:info.sing@qbe.com)
- e) that where I/we are providing personal data on behalf of another person to QBE SG, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs(a, (b) and (c) above.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone.  Yes  No