

Pleasure Craft Insurance Proposal Form

QBE Insurance (Singapore) Pte Ltd



This Proposal Form is intended for Pleasure Craft only. If a vessel is operated commercially but the scope of operation is purely recreational (e.g. Sail & Dive Charter, Day Excursions), it may be considered as a Pleasure Craft. Other commercially operated vessels (e.g. passenger ferry) are considered Commercial Hull and should be insured accordingly - please ask QBE or your agent/broker for further details.

Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap. 142) or any subsequent amendments thereof: 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.

Name or Account Number of Insurance Agent or Broker (where applicable)

Section A - Owner

i) Individual

Name

NRIC/Passport No.

Nationality

Date of Birth

Gender

Marital Status

Occupation

Address

Tel

Email

ii) Company

Company Name

Company Registration

Nature of Business

Address

Tel

Email

Section B – Hull & Motor

Boat Name	<input type="text"/>	Registration No.	<input type="text"/>	Flag	<input type="text"/>
Make & Model	<input type="text"/>	Year Built	<input type="text"/>	Passenger/Crew Capacity	<input type="text"/>
Type of Boat	<input type="text"/>	Date Purchased	<input type="text"/>	Purchase Price	<input type="text"/>
Other Features	<input type="checkbox"/> Non-Production Boat	<input type="checkbox"/> Mono	<input type="checkbox"/> Catamaran	<input type="checkbox"/> Trimaran	<input type="checkbox"/> Houseboat
Construction	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Glass-Reinforced Plastic (GRP)	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood
	<input type="checkbox"/> Others (please specify)	<input type="text"/>			
Dimension (ft/m)	Length <input type="text"/>	Beam <input type="text"/>	Draft <input type="text"/>		
Fire Extinguishing	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual	<input type="checkbox"/> None		
Motor Details	Make <input type="text"/>	Power (hp/kw)	<input type="text"/>	Max Designed Speed (knots)	<input type="text"/>
Fuel	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline			
Propulsion	<input type="checkbox"/> Non-powered	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail-powered	<input type="checkbox"/> Jet
	<input type="checkbox"/> Others (please specify)	<input type="text"/>			

Section C – Mooring/Navigation Area

Where is vessel normally moored?

How is vessel normally moored?

<input type="checkbox"/> Jetty at a private residence	<input type="checkbox"/> Marina Berth
<input type="checkbox"/> Marina Stack or Slip	<input type="checkbox"/> Trailer at commercial premise
<input type="checkbox"/> Trailer at private residence	<input type="checkbox"/> Others (please specify) <input type="text"/>

What is vessel's main navigation area?

Section D – Use of Boat/Skipper

Purpose

<input type="checkbox"/> Private & Pleasure	<input type="checkbox"/> Liveaboard	<input type="checkbox"/> Commercial Use (for reward but no charter agreement)
<input type="checkbox"/> Skippered Charter	<input type="checkbox"/> Bareboat Charter	

If vessel is used for commercial use/skippered charter/bareboat charter, please describe usage:

Please give the following details of person(s) who will operate (e.g. skipper, crew etc.) the vessel while it is underway:

Name <input type="text"/>	Date of Birth <input type="text"/>	Years Sailing <input type="text"/>
Licence / Qualifications / Completed Sailing/Boating Courses	<input type="checkbox"/> PPCDL	<input type="checkbox"/> Others (please specify) <input type="text"/>

Name <input type="text"/>	Date of Birth <input type="text"/>	Years Sailing <input type="text"/>
Licence / Qualifications / Completed Sailing/Boating Courses	<input type="checkbox"/> PPCDL	<input type="checkbox"/> Others (please specify) <input type="text"/>

Section E – Other Information

Have you, or any other person or entity who will take charge of the vessel or who has a financial interest in the vessel:

a) Suffered any accidents or losses in the last 5 years? (if Yes, please give details below) ☐ Yes ☐ No

DATE OF ACCIDENT(S)	DESCRIPTION OF ACCIDENT(S)	CLAIMS AMOUNT

b) Been charged/convicted of an offence in the last 5 years? (if Yes, please give details below) ☐ Yes ☐ No

c) Ever had any insurances refused or cancelled? (if Yes, please give details below) ☐ Yes ☐ No

d) Period of insurance required. From: To: (Both Dates Inclusive)

e) Any other party (e.g. co-owner/mortgagee/other management company) to be included under the Assured Clause? (if Yes, please give details below) ☐ Yes ☐ No

Section F – Insurance Coverage

1. Sum insured Currency ☐ S\$ or ☐ US\$ ☐ Others (please specify) Billing Currency ☐ S\$ or ☐ US\$

2. Sums insured – Please state the required sums insured in the relevant space:

SECTION 1

☐ Cover for your Boat

Total sum insured:

If you wish you may split the sum insured by component:

i) Hull

ii) Motor(s)

iii) Mast Spars Rigging Sails

iv) Tender with Outboard Motor (please provide details, if any)

v) Trailer

SECTION 2

☐ Legal Liability Cover

☐ S\$25,000 as per Maritime and Port Authority of Singapore's minimum requirement

☐ Up to Hull Value

☐ Please specify if higher limit is required:

SECTION 3

☐ Personal Accident Cover

Free cover for you or one of the person allowed by you to control your boat (please specify the name of the one (1) person in the space below) up to S\$10,000 per person up to an aggregate limit of S\$10,000 any one accident.

Name of insured Person

☐ Please specify if higher limits is required:
(subject to additional premium)

Limit any one person

Aggregate Limit

☐ Personal Accident Plus
(optional at additional premium)

☐ Please specify limits required:

Limit any one person

Aggregate Limit

SECTION 4

☐ Personal Effects Cover

Free cover of S\$300 for any one item up to maximum of \$3,000 in total any one accident.

☐ Please specify if higher limits is required
(subject to additional premium)

Limit for any one item

Aggregate Limit

*Please provide list of all personal effects in value if cover over S\$500 for any one item is required.

☐ Additional Cover for Sporting Equipment
(optional at additional premium)

S\$1,000 for any one item up to maximum of S\$10,000 in total any one accident.

☐ Please specify if higher limits is required

Limit for any one item

Aggregate Limit

*Please provide list of all sporting equipment in value if cover over S\$1,000 for any one item is required.

3. Additional Covers - Do you require cover to include:

☐ Sailboat Club Racing Risk Extension

NAME OF RACE/LOCATION	LENGTH (NM)	ANY ONE LEG
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Named Sailboat Racing Risk Extension

NAME OF RACE/LOCATION	LENGTH (NM)	ANY ONE LEG
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Water Skiers and/or Aquaplaning Liability Extension

Sub-Limit

☐ Land Transit Damage Extension

☐ War Risks and Strikes Risks Extension

☐ Any other additional cover require, please specify in the space below:

Section G - Declaration

I/We declare that the Information and answers provided by me/us in this Proposal Form are true, correct and complete in every respect and may be relied upon by the Insurer in deciding whether to provide insurance cover and at what terms. I/We also understand that completion of this form does not bind insurer or mean I/we will accept this insurance but, if terms are agreed, it will form part of the contract.

Signature

Date

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. 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
- 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 ☐