

Transport Operators Liability Proposal Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

- This form may be completed by the assured and/or their authorized intermediary
- Please do not leave any question unanswered. If any question is not applicable to you, please answer with "Nil" or "N/A"
- If you have insufficient space to answer any questions, please attach a separate sheet
- **WARNING:** Statement pursuant to Section 25(5) of Insurance Act (Cap142).
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 thereunder may be void

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.

Details Of Applicant

1. Company name, address and email

2. Subsidiary companies to be named in the insurance

NB. If subsidiary companies to be named, the information provided in this proposal form must include their activities

3. Date company established

4. Names and qualifications/years experience of directors and senior managers

5. Professional and Trade Associations of which company is a member (eg. Singapore Logistics Association, IATA etc)

Details Of Business

1. Employees

a) Number of directors, senior managers

b) Number of clerical employees

c) Number of manual employees (Driver, Warehousemen etc)

Total

2. Services to be insured

(Please tick the services you provide to your customers)

No. of years

Approx. % of annual Turnover*

a) Ocean freight forwarder/NVOC

b) Air freight forwarder/air cargo agent

c) Customs Agent

d) Road haulier

e) In-transit warehousing**

f) Packing/consolidating

g) Other (Please detail)

Do you physically handle the cargo in the course of providing the services for which you require this insurance? Yes No

IMPORTANT NOTICE

** If Warehousing Services is provided, please provide the warehouse location(s) under question 3 below; otherwise this Insurance will not cover any claims and/or legal liability arising from Warehousing Services provided by the Insured.

3. Warehouse Facilities

Location	Age	Describe security (eg. CCTV, sprinkler etc)

4. Please tick the conditions of business and documents you currently use:

Conditions of business

- a) Own standard conditions - please attach a copy
- b) National Forwarding Association conditions
- c) National Haulage Association conditions
- d) Other (Please specify)

Are your standard trading conditions provided to your customers prior to shipment/transaction? Yes No
 Are your standard trading conditions indicated in your correspondence to your customers? Yes No

Bills of lading issued in your own name

- a) FIATA B/L
- b) Own house B/L - please attach a copy
- c) Other (Please specify)

Other documents in your own name

- a) House air waybill - please attach a copy
- b) Forwarder's certificate of receipt
- c) Other (Please specify)

Financial Details

1. Gross Freight Receipts

What was your annual turnover (for the services to be insured) for the last financial year Currency ()

What is your estimated annual turnover for this financial year Currency ()

** Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.*

2. Please estimate what percentage of your annual turnover is paid to independent road hauliers, warehousekeepers, consolidators, packers %

3. What percentage of your annual turnover results from carriage of cargo which is

- a) Breakbulk % - Approximate tonnage
- b) Containerised % - Approximate number of TEU's
- c) Palletised % - Approximate tonnage

4. Please estimate the percentage of your annual traffic to or within each of the following areas

- | | | | |
|----------------------------|---|-------------------------|---|
| a) Europe | % | e) North America | % |
| b) Middle East | % | f) Africa | % |
| c) Australasia | % | g) Far East | % |
| d) Central & South America | % | h) Indian Sub-continent | % |

5. What percentage of your annual turnover is represented by:
- | | | | |
|---|---|-----------------------|---|
| a) Refrigerated cargoes | % | e) Tobacco Products | % |
| b) Tank containers | % | f) Project cargoes | % |
| c) Spirits | % | g) Dangerous cargoest | % |
| d) High value goods
(eg. computers, jewellery, cameras, TVs, audio equipment, mobile phones) | % | | |
6. Do you have a Customs bond? Yes No
7. What percentage of your turnover relates to cargo carried under your own house bill of lading/airway bill? %

Details Of Insurance Cover

1. Please tick the insurance cover you require and indicate any specific limit to be quoted
- a) Cargo and Related Liabilities Limit _____
- Liability cover if you do not issue your own bill of lading/airway bill
 - Liability cover including issuing your own bill of lading/airway bill
 - Liability for incorrect or wrongful delivery of Cargo or delay in handling Cargo (E&O) Limit _____
- b) Third Party Liability Limit _____
- c) Liability for Fines and Duty Limit _____
2. Please indicate any specific deductible to be quoted _____

Claims Details

1. In the last five years have any
- 1.1 Cargo or statutory liability claims been made against you? Yes No
- 1.2. General third party liability claims been made against you? Yes No
- 1.3 Professional indemnity (errors and omissions) claims been made against you? Yes No
- 1.4 Circumstance arisen that could have resulted in any of the above liability claims being made against you? Yes No
- 1.5 If YES to any of the above, please provide details:

Date of Accident	Cause of Loss	Claims Paid (\$)	Outstanding Claims (\$)

Details Of Existing Cover

1. Are you currently insured for liability risks? Yes No
- 1.1 If so, by whom and what is your current limit, deductible and premium?

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

Declaration And Signature

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/Position

Company's Stamp

Signature

Date

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Your Insurance Adviser or Broker