Transport Operators Liability Proposal Form



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 custome	ers)	No. of years	Appro	x. % of annual Turnov	er*	
	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?						

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 e	etc)				
4.	Please tick the conditions of business and	documents you cu	rrently use:					
	Conditions of business	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?							
	Are your standard trading conditions indicated in your correspondence to your customers?							
	Bills of lading issued in your own name							
	a) FIATA B/L							
	b) Own house B/L - please attach a	сору						
	c) Other (Please specify)							
	Other documents in your own name							
	a) House air waybill – please attach	асор						
	b) Forwarder's certificate of receipt	t						
	c) Other (Please specify)							
Fir	nancial Details							
	Gross Freight Receipts							
1.	GIOSS FIEIGIIL RECEIPIS							

	What was your annual turnover (for the services	Currency ()				
	What is your estimated annual turnover for this	Currency ()				
	* Turnover = gross freight receipts, income or revenue but shou	ld excl	lude d	duty, taxes or disbursements paid on behalf o	f your customer.		
2.	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			%

a) Refrigerated cargoes % e) Tobacco Products % b) Tank containers % f) Project cargoes % c) Spirits % g) Dangerous cargoest % d) High value goods % g) Dangerous cargoest % d) High value goods % (eg. computers, jewellery, cameras, TVs, audio equipment, mobile phones) 6. 6. Do you have a Customs bond?							
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 7. What percentage of your turnover relates to cargo carried under your own house bill of lading/airway bill? 8. 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 Liability for Fines and Duty Limit Limit 2. Please indicate any specific deductible to be quoted 1. In the last five years have any 1. Cargo or statutory liability claims been made against you?							
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b) Third Party Liability Limit c) Liability for Fines and Duty Limit 2. Please indicate any specific deductible to be quoted							
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1.1 Cargo or statutory liability claims been made against you? Yes No							
1.3 Professional indemnity (errors and omissions) claims been made against you?							
1.4 Circumstance arisen that could have resulted in any of the above liability claims being made against you?							
1.5 If YES to any of the above, please provide details:							
Date of AccidentCause of LossClaims Paid (\$)Outstanding Claims (\$)							
Details Of Existing Cover							

Yes No

- 1. Are you currently insured for liability risks?
 - 1.1 If so, by whom and what is your current limit, deductible and premium?

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the
 purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

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.

Company's Stamp
Date

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