

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
 11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302
 Company Registration No. 195700067Z http://www.tenetinsurance.com



MOVE @ 360° PROPOSAL FORM

Intermediary: _____ Contact Person: _____

IMPORTANT NOTICE

Please note that this proposal form is for Freight Forwarders including the liabilities of an NVOCC (Non-Vessel Owning Common Carrier) and/or NAOCC (Non-Aircraft Owning Common Carrier)

1. STATEMENT Pursuant to Section 25(5) of the Insurance Act - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

1. General Information

Company's Name:

Business Description:

Address:

Roc No:

Website:

Facsimile No:

Telephone No:

Details Of Insured's Other Offices To Be Insured (To include attachment if space is insufficient)

Company's Name:

(if different from above Main Company)

ROC:

Address:

Facsimile No:

Telephone No:

Company's Name:

(if different from above Main Company)

ROC:

Address:

Facsimile No:

Telephone No:

2. Information on Owners, Partners, Officers and Directors

Name	Title	Years of Relevant Working Experience	Years with the Company

3. Membership: List Professional and Trade Associations of which company is a member (eg. Singapore Logistics Association, Singapore Aircargo Agent Association, FIATA etc)

Name of Association	Year Joined	Membership Status

4. Trading Conditions (Please attach a copy of your Standard Trading conditions)

a. Are your standard trading conditions provided to your customers prior to shipment/transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your standard trading conditions indicated in your correspondence / faxes / emails to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are your standard trading conditions stated in your <input type="checkbox"/> Invoice <input type="checkbox"/> Quotation <input type="checkbox"/> Delivery Order <input type="checkbox"/> Warehouse receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If you answer 'No' to any of the above questions, please advise how do you convey your standard trading conditions to your customers?	
e. Are there any non standard trading conditions contracted with your customers? If yes, please extend copies of these contracts if you wish to cover your liabilities arising from these contracts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Copies of trading conditions are attached herein. Standard Trading Conditions Non-Standard Trading Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you issue any of the following transport documents?

a) Bill of Lading	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Airway Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Multimodal Transport Document	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Seaway Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Consignment Note	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Freight-forwarder's bill	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach copies of all (front and reverse side) issued by your company.	

6. Trading Areas

Please advise the percentages of your Traffic to/from or within the following areas:-

	Road	Rail	Container. (Sea)	Non-Container (Sea)	Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Italy					
C.I.S					
India/Pakistan					
China					
Far East					
Africa					
Australasia					

7. Business Activities and Gross Receipts		
Type of Business Activities	Actual Annual Gross Receipts for last 12 months (\$\$)	Estimated Annual Gross Receipts for next 12 months (\$\$)
a. Air Cargo Freight Forwarder:		
As Agent		
As Principal		
b. Ocean Cargo Freight Forwarder:		
As Agent		
As Principal		
c. NVOCC / Multi-modal Transport Operator		
d. Road Haulier		
e. Warehouseman		
f. Others (please specify)		
TOTAL GROSS RECEIPTS		
Of the above please advise percentage of work that you sub-contracted to third parties.		
a. Air Cargo Freight Forwarder	%	%
b. Ocean Cargo Freight Forwarder	%	%
c. NVOCC / Multi-modal Transport Operator	%	%
d. Road Haulier	%	%
e. Warehouseman	%	%
f. Others (pls specify)	%	%
Do you require that your sub-contractors lodge a copy of their own Bailees &/or Multimodal Operators Liability Insurance with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any other Business Activities:		
8. Type of Cargo Handled by Percentage (%)		
a. Commodities e.g. coffee beans, rice, sugar etc		%
b. Perishable Cargo e.g. fruits, foodstuff		%
c. General Cargo e.g. construction equipment, steel products		%
d. Used Personal Effects and Household goods		%
e. Temperature controlled cargoes		%
f. Plants and/or cut flowers		%
g. High valued computer related cargoes e.g. Integrated circuits, disk drives etc		%
h. Wine or Beer		%
i. Spirits and other Alcoholic Beverages		%
j. Cigarettes and other Tobacco based products		%
k. Fur and leather or garment/items made from leather/fur		%
l. Clocks watched and parts		%
m. Televisions, Hi-fi sets, CD/DVD players, CD's, DVD's, Tapes, Videos		%
n. Personal Computers and Game Consoles		%
o. Cellular or Mobile Telephones of any description		%
p. Any other cargo of a high value (please give details)		%
TOTAL		100%

9. Warehouse Facilities

Location / Address	Describe Security System available at Location (eg. CCTV, 24)	Describe fire Protection Facilities at Location (eg. Sprinkler etc)
a. Are the premises operated and controlled by you? <input type="checkbox"/> Yes <input type="checkbox"/> No If they are not operated and controlled by you, please note that the policy do not provide cover for storage in such warehouse.		
b. Is the premises solely occupied by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. If shared with others, please advise are goods handled clearly segregated from others <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Cold Storage Facility

Please complete the Cold Storage Supplementary Proposal Form if refrigeration system is provided.

11. Limit of Liability required under this insurance

Limit of Liability Any One Accident and in the Aggregate: S\$

12. Loss Experience: Please list all claims &/or losses for the last 5 years regardless of whether there was insurance cover (To attach separate sheet if necessary)

Nature of Loss	Policy deductible	Original Claim Amount	Claim Status

13. Employees Information

Please advise the numbers of staff employed in the following categories:-

CATEGORY	HEADCOUNT
Directors/Senior Management	
Senior Technical	
Clerical/Secretarial	
Operational	
Drivers	
Warehousemen	
Others (Please specify)	
TOTAL	

DECLARATION

I / We to the best of my / our knowledge and belief that all the answers given to this Proposal Form are true and all the material factors affecting the assessment of the risks have been disclosed. I / We agree that this Proposal and Declaration shall be the basis of the contract between me / us and Tenet Insurance Company Ltd and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Tenet Insurance Company Ltd.

Authorised Signature/ Company Stamp: _____ Date: _____
 Name: _____ Title: _____