



**PLEASURE CRAFT INSURANCE PROPOSAL FORM**

**IMPORTANT NOTICE**

1. Statement Pursuant to Section 25(5) Cap 142 of the Insurance Act. 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.
2. This insurance carry a Premium Warranty Clause which requires the premium to be paid in full within 60 days failing which there will be no liability under this cover.
3. The liability of the Company does not commence until proposal is accepted.

|   |  |                           |
|---|--|---------------------------|
| <b>INSURED'S PARTICULARS</b><br>(Individual / Corporate)  | Insured's Name (in full) _____ Registration No. _____  |                           |
|   | Address _____  |                           |
| Nature of Business _____ Tel (Business) _____ Fax _____   |  |                           |
| <b>If Individual</b>  |  |                           |
| IC No. _____ Nationality _____  |  |                           |
| DOB _____ Occupation _____  |  |                           |
| Tel _____ (h) _____ (hp)  |  |                           |
| Email address _____   |  |                           |
| No. of years of boating experience _____  |  |                           |
| <b>Details of Master (for corporate only)</b>   |  |                           |
| Name _____  |  |                           |
| DOB _____   |  |                           |
| Nationality _____   |  |                           |
| No. of years of boating experience _____  |  |                           |
| <b>VESSEL'S DETAILS</b>   | Name of Vessel _____ Harbour Craft Licence No. _____   |                           |
|   | Construction Type _____ Type of Craft (eg. Speedboat, Cabin Cruise) _____  |                           |
|   | Model _____ Year Built _____ Gross Tonnage _____   |                           |
|   | Dimension (in metres) Length/Breadth/Depth _____   |                           |
|   | Engine Make/Model/Serial No. _____   |                           |
|   | Maximum Designed Speed (knots) _____ Engine Power (KW) _____   |                           |
|   | Engine Mounting: Inboard / Outboard / Rear Mount / Mid Mount / Sterndrive / Jet *  |                           |
|   | Fuel: Diesel / Petrol *  |                           |
| Has Hull or Motor modified of performance enhanced in any way? Yes / No * <i>(*circle where appropriate)</i>  |  |                           |
| If Yes, please provide details _____  |  |                           |
| <b>MOORING PLACE</b><br>(when not in use)   | Mooring/storage place _____  | <b>VESSEL'S USAGE</b>     |
|   | How is vessel moored/stored?<br><input type="checkbox"/> Marina Berth<br><input type="checkbox"/> Dry Stack<br><input type="checkbox"/> Others   |                           |
| <b>COVERAGE REQUIRED</b>  | <input type="checkbox"/> Comprehensive with Third Party Cover<br>a. Sum Insured (Market Value)<br>S\$ _____<br>b. Third Party Liability Limit any one accident<br>S\$ _____<br><input type="checkbox"/> Third Party only<br>S\$ _____ (any one accident)                   | <b>EXTENSION REQUIRED</b> |
|   | <input type="checkbox"/> Own private use<br><input type="checkbox"/> Hire/charter for reward with Master/Skipper<br><input type="checkbox"/> Hire/charter for reward without Master/Skipper<br><input type="checkbox"/> Hire/charter for teaching<br>Cruising Limits _____ |                           |
| <input type="checkbox"/> Outboard motor dropping off or falling overboard<br><input type="checkbox"/> Skier's Liability<br>If separate limit required from basic Third Party<br>S\$ _____ |  |                           |

**CLAIMS HISTORY (for last 5 years) on Boat to be insured as well as previous Boats owned or handled.**

| Date  | Nature of Accident | Claims Incurred<br>(to include paid or not paid) |
|-------|--------------------|--|
| _____ | _____              | _____  |
| _____ | _____              | _____  |
| _____ | _____              | _____  |

## 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**.

I/We undertake to advise the Company of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured.

- Please charge S\$ \_\_\_\_\_ to my Visa/Master Card. (Delete where appropriate)  
Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
- I enclosed my cheque (no. \_\_\_\_\_) for S\$ \_\_\_\_\_ crossed and made payable to **Tenet Insurance Company Ltd**.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you are interested in our other insurance products, please tick

- PAStar** - Personal accident insurance package with many useful extensions for individuals and families
- Personal Accident** - Allows you to customize a personal accident insurance coverage based on your needs
- MediWell Plus** - A unique and comprehensive Health Protection plan for Individual, family or company
- TravelJoy** - The preferred travel insurance package with 2 plan options
- HomeBliss** - A comprehensive Home and Contents insurance package
- MaidEase** - Domestic Maid insurance packages with three plan options for selection
- Others, please specify \_\_\_\_\_