



3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

## MARINE HULL QUESTIONAIRE

1) ASSURED'S PARTICULARS			
Name of Owners / Managers / Operator:			
Name of Mortgagees (if any): Their History in Ship Management			
2) VESSEL'S PARTICULARS			
Name &/or Exname:	Type:		
Year Built / Class:	Place of Built:		
Flag:	Draught:		
G.T. / N.T. / DWT:	Dimention:		
Type of Cargo Carried:	Crew Nationality:		
Trading Limit:	Period of Insurance:		
Date of Last Special Survey:	(Please attached copy)		
Hull Value:	Amount Insured:		
3) INSURANCE REQUIREMENT (Please Tick ☑ if applicable)			
A) Hull & Machinery			
B) Increased Value and / or Disbursements			
C) War Risk			
D) MI I			



## 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

Past 5 year's claims	history / losses (whether insu	red or not of all vessels o	owned / managed)
ar	Claims Breakdown	Paid Claims	Claims Outstanding
Are the inquired ves Please provide name	sel and other vessels owned / e of insurer(s).	managed by owners / ma	nagers presently insured?
Are the inquired ves	sel and other vessels owned / ub? Please provide name of cl	managed by owners / ma ub.	inagers presently entered
international pool of			



## 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

Declaration:- We/I hereby declare that the particulars and answers given above are true and correct to the best of our/my knowledge. We/I have not withheld any information likely to affect acceptance of this proposal, and We/I agree that this proposal shall be the basis of the contract between China Taiping Insurance (Singapore) Pte. Ltd. and ourselves/myself and We/I further agree to accept the Company's Policy subject to the terms, clauses and conditions prescribed by the Company therein.				
Date				
Agent's Name				
Agent's Code				
Agent's Contact No				
Agent's Fax No				
Agent's Email Address				
Proposer's Signature & Company Stamp  This is not an insurance policy. However your declarations or disclosures shall form the basis of the contract of insurance. The Specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request. This insurance policy will not be in force until the proposal has been accepted by the insurance company.				
FOR OFFICIAL USE ONLY				
		Authorised Signatory Date:		