

**MARINE HULL AND MACHINERY INSURANCE**

**PROPOSAL FORM**

**Instructions** - Please answer all the questions fully. If you require additional space to complete any section, please feel free to attach documents or a separate piece of your company letterhead giving full details of any additional information.

<b>Name of the Owner</b>	
<b>Address</b>	
<b>Operator / Charters / Manager</b>	
Do you want Physical Copy of this Policy document?	Yes/ No
<b>VESSEL SPECIFICATION</b>	
Name of the Vessel	
Name of the Master	
Certificate of Competency	
Qualification	
Maritime experience	
Master's Nationality	
Gross Registered Tonnage (GRT)	
Net Registered Tonnage (NRT)	
Dead Weight Tonnage (DWT)	
Construction	
Length	
Breadth	
Draft	
Port of registry and registration number	
Type of the vessel-Year modified (if any)	
Flag	
Name of the classification Society	
Year of Built	
Name of the Builder	
Place of Built Material from which it is built (wood Copper / Aluminum sheathed/Others)	
<b>SPECIFICATION OF ENGINE / MACHINERY</b>	
Manufacturer's Name	
Type	
Fuel Used	
Capacity of fuel tank	
Horse Power	
No of Cylinders	
No of Propellers	

TATA AIG General Insurance Company Ltd.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai 400013. IRDA Registration No.108, CIN No: U85110MH2000PLC128425, UIN No: IRDAN108CPMR0004V01202425

Website: www.tataaig.com 24X7 Tollfree Helpline 18002667780 Email: customersupport@tataaig.com

DETAILS OF THE VESSEL PROPOSED FOR INSURANCE																	
Type of trade the vessel or craft is engaged in																	
If vessel rebuilt repairs carried out, give details which date and name of repairers																	
Total no. of officers and crews required to operate the vessel?																	
Will others be permitted to sail/navigate the vessel? If yes, give name (s), position, nationality, qualification and experience of such persons																	
How long has he been your employment?																	
If your vessel is towed, give details of the tugs normally used, and whether the tugs are used for any other purpose than towage. Also give details of experience and nationality of the owners of the crew.																	
If laid up in monsoon, give place & period																	
State full particulars if vessel is licensed or approved by local authority																	
State whether the vessel is equipped with –  Double Bottom Double Engine Rubbing Bands Windlass																	
TERMS OF INSURANCE COVER																	
ITC ALL RISK																	
ITC TOTAL LOSS																	
Trading Limits																	
Voyage OR Period of Insurance																	
Has any company or insurer in respect any of the risk to which this proposal applies																	
Declined to give you Insurance																	
Refused to renew your Insurance																	
Changed terms or increased premium on renewal																	
Share Particulars of repair yard if you own																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Description</th> <th style="width: 35%;">Original Cost</th> <th style="width: 30%;">Value Proposed for Insurance</th> </tr> </thead> <tbody> <tr> <td>Hull &amp; Fittings</td> <td></td> <td></td> </tr> <tr> <td>Machinery</td> <td></td> <td></td> </tr> <tr> <td>Equipment</td> <td></td> <td></td> </tr> <tr> <td>Others if any</td> <td></td> <td></td> </tr> </tbody> </table>			Description	Original Cost	Value Proposed for Insurance	Hull & Fittings			Machinery			Equipment			Others if any		
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EXISTING INSURANCE DETAILS	
Insurer	
Total Sum insured	
Coverage / Condition	
Deductible	
Premium Paid	

SURVEY DETAILS OF THE VESSELS PROPOSED	
When the vessel was last surveyed, where and by whom? Please supply of the last survey report and dry docking report	
Has there been any change of class of the vehicle? If "Yes", state the reason why?	
How often are surveys conducted?	

**CLAIM EXPERIENCE** (Claims details of previous accidents to any vessel/craft under your ownership or control including legal costs incurred in last 5 years)

YEAR	NAME OF THE VESSEL	TYPE OF VESSEL	NATURE / CAUSE OF LOSS	AMOUNT PAID /OUT STANDING

**SELF DECLARATION –**

- I/We to the best of my/our knowledge hereby confirm that the statements contained in the proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.
- I/We agree that the statements and the declaration contained in the proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.
- I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement

**DATE:** DD/MM/YYYY

**SEAL AND SIGNATURE:** \_\_\_\_\_

## Agent Declaration

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company. License No. (Intermediary/Corporate Agent/Broker/Relationship Officer)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

**Signature of the Proposer:** \_\_\_\_\_

**Name & Signature of agent/intermediary/Specified Person:** \_\_\_\_\_

**Code:** \_\_\_\_\_

Vernacular Declaration (*Certification in case the proposer has signed in vernacular/thumb print*)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

**Signature/Thumb impression of the Proposer:** \_\_\_\_\_

**Name & Signature of agent/intermediary/Specified Person:** \_\_\_\_\_

**Signature of the Proposer:** \_\_\_\_\_

## **AML Guidelines**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I/we are not Politically Exposed Persons \* nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

## **INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES

# Tata-AIG General Insurance Company Limited



WITH YOU ALWAYS

## Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of the Proposer: \_\_\_\_\_

For office use only - Employee ID: \_\_\_\_\_ Partner Reference ID \_\_\_\_\_

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.