

# TATA AIG SHIP REPAIRERS' LIABILITY INSURANCE

UIN: IRDAN108CPMR0007V01202425



## 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.

DETAILS OF THE SHIP REPAIRER	
Name of the Insured	
Address of the Insured	
Email Id	
Contact Number	
Do you want Physical Copy of this Policy document?	Yes/ No
BUSINESS DETAILS	
General Description of nature of Ship Repair operations	
Do you own/lease the premises	
Do you use the premises for purpose other than Ship Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No    If 'Yes', please provide details
How long has the business been established?	
Number of years of experience in respect of building of particular type of vessel	
Qualification of Technical/operational team etc.	
YARD SPECIFICATION	
Construction / Yard Number	
Location of the Yard	
Is the location on water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "no", is the location within a FEMA flood zone?
	If "yes", specify zone:
Max value for repair in the yard, at any given time:	
Description of the Building (Construction and use)	
Description of the Security Alarms or a Security surveillance service	
Description of the Fire Fighting Facilities on the premises including the number and type of fire extinguishers	

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Do you have a pollution disaster plan and/or pollution container equipment ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', please provide details
Type of vessels normally repaired in the yard			
Details of the yard including slipway, cranes, travel lifts etc. along with capacity of each			
<b>BUSINESS OPERATIONS</b>			
Gross charges (collected or uncollected) made by you during last financial year			
Gross charges (collected or uncollected) estimated for coming financial year			
Please provide details of your workforce	Description	Number	% of Gross Charges
	Employees		
	Subcontractors		
	Others		
Do the subcontractors have adequate cover?			
Full details of the Place & type of the trials that would be undertaken			
Full details of transport, loading, distance etc. if launched away from site			
<b>PERIOD OF REPAIR</b>			
Period of Repair – Commencement date	DD/MMM/YYYY		
Estimated completion date (date of handover)	DD/MMM/YYYY		

<b>DETAILS OF THE VESSEL PROPOSED FOR INSURANCE</b>	
Type of vessel being repaired	
Estimated full completion value	
Method for repairment	
Repairing materials being used/ Equipment to be installed	
Dimension:	Length – Depth – Beam – Draft – Tonnage (GTR) –
Is the vessel to be repaired under survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	If "yes", name the classification society or authority:
Machinery details:	New or second hand – Manufacturer – Fuel type – Auxiliaries –
What sea trials are anticipated and where?	
Is delivery to be done at yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If "no", where is the place of delivery:
<b>TERMS OF INSURANCE COVER</b>	
Has any company or insurer in respect any of the risk to which this proposal applies:	
Declined to give you Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused to renew your Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed terms or increased premium on renewal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EXISTING INSURANCE DETAILS</b>	
Insurer	
Due Date of current insurance	
Total Sum insured	
Coverage / Condition	
Deductible	
Premium Paid	

<b>ADDITIONAL INFORMATION - SURVEY</b>	
Please share any information relating to the proposed risk and in particular all the surveys you have undertaken in the past 3 years	
Has there been any change of class of the vehicle? If "Yes", state the reason why?	
How often are surveys conducted?	

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**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 hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- 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

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

Date: DD/MM/YYYY

Place: \_\_\_\_\_

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## 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.

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**1. Nationality:**

- Indian
- Non-Indian; If Non-Indian, please specify Country: \_\_\_\_\_

**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 policy document carefully before concluding a sale.**