

Application Form

Pleasure Craft

Important Notes

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative. Please use a separate sheet of paper if the space provided is inadequate.
- This product is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

 Name of Advisor: **Raffles Provident LLP**

 Account Code: **07880**

Details of registered owner

Name of registered owner (Mr/Ms/Mrs/Mdm/Dr): _____

NRIC/Passport no./Company registration number: _____

Date of birth: _____

Sex: Male / Female

Address: _____

Contact no.: (HP) _____ (O) _____

(H) _____ (F) _____

E-mail: _____

Occupation: _____

Name of skipper (if not the same as registered owner): _____

Relationship to registered owner: _____

Years of experience in handling *similar vessel: _____

(*in terms of type and size)

Powered pleasure craft driving license PPCDL(or other relevant license) obtain on: _____

Have you, or any other person who will sail the vessel:

 i) Ever had any accidents or claims made in the past five years? Yes/No

If yes, please provide details: _____

 ii) Ever been refused or cancelled insurance? Yes/No

If yes, please provide details: _____

Proposed sum insured* and cover required

Period of Insurance: From _____ to _____

I would like to request for a quote (please tick)

 Vessel and vessel parts S\$ _____
 Third party liability (Minimum requirement of the Maritime and Port Authority of Singapore: S\$25,000 third party liability) S\$ _____

*the Sum Insured should reflect the market value of the vessel at the time the policy is effected, or its recent purchase price. For other insurance such as personal effects insurance brought onto the vessel, or personal accident insurance, you may contact us for further details. We can customize your policy to your specific requirements.

Optional cover (additional premium applied)

 Personal Accident S\$ 25,000 (per person)

 Personal Effects S\$ 5,000

 Medical Expenses S\$ 5,000

For amounts in excess of the above, please contact us.

Details of vessel

Vessel name: _____
Registration number: _____
Country of registration: _____
Vessel license expiry date: _____
Brand and model of vessel: _____
Place of manufacture: _____
Date of manufacture: _____
Hull material: _____
Date of purchase: _____ Purchase price: _____
Vessel type: Yacht / Cabin Cruiser / Jet Ski / Speed Boat / Sail Boat / Catamaran Inflatable Boat / Others: _____
Gross Tonnage: _____
Dimension: (Length) _____ (Beam) _____ (Draft) _____
Model of Engine: _____ No. of engine(s): _____
Inboard / Outboard / Others: _____
Horsepower: _____ Maximum designed speed (knots): _____
Fuel used: Petrol / Diesel _____ Passenger capacity: _____
Mooring type: Marina berth / Pontoon / Alongside / Fore & Aft / Swinging mooring / Ashore in compound / Trailer / Cradle / Tender to parent craft / Dry stack
Mooring Place: _____
Vessel's main navigation area (e.g. countries, waters, and islands): _____
Will the vessel be used for racing: _____ Yes/No
If yes, please provide details: _____

Is the vessel used solely for private pleasure purposes? _____ Yes/No
If no, please provide details: _____

Additional skippers/persons operating the vessel

Additional persons operating the vessel:

1) Name: _____ Age: _____ Years of sailing experience: _____
2) Name: _____ Age: _____ Years of sailing experience: _____
3) Name: _____ Age: _____ Years of sailing experience: _____

Please provide details of any accidents or claims made in the past five years for the above additional skippers.

Declaration

- 1a. The information I or We have provided is my personal data and, where it is not my personal data, that I or We have the consent of the owner of such personal data to provide such information.
- 1b. By providing this information, I or We understand and give my or our consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to:
- Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
 - Collect, use, store, transfer and/or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself or us for the Purposes.
 - Contact me or us to share information about products and services offered by AXA that may be of interest to me or us by post and e-mail and By telephone By fax By text message

Signature of proposer

Date