



We Protect. *You Decide.*

## Great Pleasure Craft Insurance

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**GREATAMERICAN<sup>®</sup>**  
INSURANCE COMPANY

## **GREAT Pleasure Craft**

Great American Insurance Company's **Great Pleasure Craft Insurance** protects your prized yacht from physical loss or damage and against your liabilities toward third parties.

### **Key coverage and benefits:**

- All-risk comprehensive coverage
- Agreed value for total loss of yacht
- No requirement to prove forcible entry in the event of theft of your yacht
- Emergency towing
- Legal liability to your passengers
- Sudden and accidental pollution
- Berth holders' liability
- Removal of wreck
- Personal accident coverage for you or the person you allow to control your yacht
- Personal effects coverage including sporting equipment
- No Claim Bonus up to 25%





### **The following optional extensions are made available:**

- Skipped charter or bareboat charter
- Personal accident coverage for passengers or crew
- Medical expenses
- Sailboat racing risks
- Water skiers and/or aquaplaning liability
- Uninsured/underinsured boaters extension
- Land transit damage
- War, strikes, riot and civil commotion
- Defective parts extension

The information provided in this material is a summary. Please refer to the actual policy wordings for terms and conditions.

Great American Insurance Company – Singapore Branch, 3 Temasek Avenue, #16-01 Centennial Tower, Singapore 039190. Coverage is summarized. Refer to the actual policy for a full description of applicable terms, conditions, limits and exclusions. Policies are underwritten by Great American Insurance Company – Singapore Branch, a licensed insurer in Singapore. Registration number T15FC0029B. © 2017 Great American Insurance Company. All rights reserved. 5406-SGP (05/17)





# Great Pleasure Craft Proposal Form

## Note to Applicant:

1. This **Proposal** form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for a Great Pleasure Craft Insurance Policy.
2. Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer(s) and identify the question number(s) concerned.
3. In this Proposal form:
  - a. **“Applicant”** means the entity intended to be the Insured, defined as the Insured in the **Policy**.
  - b. **“Great American”** means the Great American Insurance Company – Singapore Branch.
  - c. **“Policy”** means Pleasure Craft Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.

Agent/Broker \_\_\_\_\_

## Part 1: Particulars of Applicant

### i. For Individual

Insured Name (in full) \_\_\_\_\_

NRIC/FIN/Passport No. \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Nationality \_\_\_\_\_ Gender:  Male  Female

Occupation \_\_\_\_\_

Correspondence Address: Hse/Blk No. \_\_\_\_\_ Street Name \_\_\_\_\_

Unit No. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Part 1: Particulars of Applicant *Continued***

**ii. For Corporate**

Company Name \_\_\_\_\_

Company Registration No. \_\_\_\_\_ Co. Contact Person \_\_\_\_\_

Nature of Business \_\_\_\_\_

Correspondence Address: Hse/Blk No. \_\_\_\_\_ Street Name \_\_\_\_\_  
Unit No. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Part 2: Particulars of Vessel**

Name of Vessel \_\_\_\_\_ Registration No. \_\_\_\_\_

Type of Vessel \_\_\_\_\_ Make & Model \_\_\_\_\_

Material of Hull \_\_\_\_\_ Year Built \_\_\_\_\_

Gross Tonnage \_\_\_\_\_ Country of Registration \_\_\_\_\_

Dimension (ft/m): (L) \_\_\_\_\_ (B) \_\_\_\_\_ (D) \_\_\_\_\_

Passenger Capacity \_\_\_\_\_ Date Purchased (DD/MM/YYYY) \_\_\_\_\_

Purchase Price \_\_\_\_\_ Engine Make & Model \_\_\_\_\_

Engine Power (kW/hp) \_\_\_\_\_ Max Designed Speed (knots) \_\_\_\_\_

**Part 2: Particulars of Vessel Continued**

**Propulsion:**

- Non-powered
- Inboard
- Outboard
- Sail-powered
- Jet
- Other, please specify \_\_\_\_\_

**Part 3: Details of Mooring and Navigation**

Navigation Area \_\_\_\_\_

Location of Mooring/Storage \_\_\_\_\_

**Method of Mooring/Storage:**

- Marina berth
- Marina stack
- Private jetty
- Trailer
- Other, please specify \_\_\_\_\_

**Part 4: Use of Vessel**

- Private & pleasure
- Skippered charter
- Bareboat charter
- Commercial use
- Liveaboard
- Other, please specify \_\_\_\_\_

*(Houseboat is excluded)*

**Part 5: Details of Skipper/Master**

Name of Skipper/Master \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Years of Sailing \_\_\_\_\_

Type of Qualification/License \_\_\_\_\_

**Part 6: Details of Coverage Required**

**Sum Insured Currency:**

- SGD
- USD
- Other, please specify \_\_\_\_\_

**Billing Currency:**

- SGD
- USD

- All Risks including Third Party Liability
- All Risks excluding Third Party Liability
- Third Party Liability

Sum Insured of Vessel \_\_\_\_\_ Third Party Liability Limit \_\_\_\_\_

**Optional Extensions:**

- Personal Accident

*Free cover for you or the person allowed by you to control your vessel up to SGD10,000 for any one person and up to aggregate limit of SGD10,000 for any one accident.*

Name of Insured Person \_\_\_\_\_

- Please indicate if a higher limit is required

Limit required \_\_\_\_\_ Limit any one person \_\_\_\_\_

Aggregate Limit \_\_\_\_\_

- Personal Accident Plus      Limit required \_\_\_\_\_      Limit any one person \_\_\_\_\_

Aggregate limit \_\_\_\_\_

**Part 6: Details of Coverage Required *Continued***

- Personal Effects and Sporting Equipment      Free cover up to SGD3,000 for any one accident  
 Please indicate if a higher limit is required      \_\_\_\_\_
- Medical Expenses
- Sailboat Racing Risks      Maximum race distance (nm) for any one leg      \_\_\_\_\_
- Water Skiers and/or Aquaplaning Liability      Limit required      \_\_\_\_\_
- Uninsured/Underinsured Boaters
- Land Transit Damage
- War and Strikes Risks
- Defective Parts

**Part 7: Claims Details**

Please provide loss history for the last five (5) years, including incidents reported and claims not paid, as well as all claims or incidents that would result in a claim, had proposed cover been in force.

Date of Accident (DD/MM/YYYY)	Details and Cause of Loss	Claim Paid (SGD)	Outstanding (SGD)	Status

**Part 8: Other Information**

Yes No

Name of Previous Insurer \_\_\_\_\_

Has any insurer declined or cancelled your vessel insurance?  Yes  No

Any other information relating to the proposed risk?  Yes  No

If yes, please specify

\_\_\_\_\_  
 \_\_\_\_\_

Period of insurance required (DD/MM/YYYY):

From \_\_\_\_\_ To \_\_\_\_\_

**Part 9: Important Notice**

This product is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this **Policy** is automatic and no further action is required from the Insured. 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 the Great American Insurance Company, Singapore Branch servicing agent/broker or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg)), ([www.lia.org.sg](http://www.lia.org.sg)) or ([www.sdic.org.sg](http://www.sdic.org.sg)).

**Part 10: Personal Data Collection Statement**

1. In order to process, evaluate, administer and/or manage any application, relationship, account and/or policy with **Great American**, **Great American** will necessarily need to collect, use, disclose and/or process your personal data and/or personal information relating to any individual proposed for coverage. Such personal data includes (i) information set out in this proposal form, (ii) any other personal information provided by the **Applicant** or already in the possession of **Great American** as previously provided by the **Applicant**; and (iii) the **Applicant's** claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
  - a. considering whether to provide the **Applicant** with the insurance under this **Proposal** including considering whether to accept any renewal request;
  - b. processing the **Applicant's** application for underwriting and insurance;

**Part 10: Personal Data Collection Statement *Continued***

- c. administering and/or managing the **Applicant's** relationship, account and/or policy with **Great American**;
- d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under the **Applicant's** policies;
- e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
- f. carrying out your instructions or responding to any inquiries by the **Applicant** and/or any other individuals covered in the **Applicant's** policies;
- g. dealing in any matters relating to the services and/or products which the **Applicant** may be entitled to under the policy which the **Applicant** is applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to the **Applicant**, which could involve disclosure of certain personal data about the **Applicant** to bring about delivery of the same as well on the external cover of envelopes/mail packages);
- h. investigating fraud, misconduct, any unlawful action or omission, whether relating to this application, the **Applicant's** renewal request, the **Applicant's** claims or any other matter relating to the **Applicant's** policies, and whether or not there is any suspicion of the aforementioned; and/or
- i. complying with applicable law in administering and managing the **Applicant's** relationship with **Great American**.

(collectively the "**Purposes**")

- 3. **Great American** may/will also be collecting from sources other than the **Applicant** and individuals proposed for coverage, personal data about any such individuals, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
- 4. Such personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers/ law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for **Great American** in relation to one or more of the above Purposes.

**Part 10: Personal Data Collection Statement Continued**

5. By signing below, to the extent that the **Applicant** is submitting personal data or information relating to another individual, the **Applicant** represents and warrants that the **Applicant** has obtained the individual's consent :
- a. for the **Applicant** to provide such personal data or information to **Great American**;
  - b. for **Great American** to collect, use, disclose and/or process such personal data or information for the Purposes; and/or processing the same, for one or more of the Purposes as described above;
  - c. for **Great American** to collect such personal data or information from sources other than that individual and to use, disclose and/or process the same, for one or more of the Purposes; personal data to the Relevant Parties, for the Purposes as described above; and
  - d. for **Great American** to disclose such personal data or information to the Relevant Parties, for the Purposes; and
  - e. for **Great American** to transfer such personal data or information out of Singapore to the Relevant Parties, for the Purposes.

I have read and agree to the above.

**Part 11: Declaration and Signature**

**IMPORTANT: Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap 142). You are to disclose in this application form, fully and faithfully, all the material facts you know or ought to know. Otherwise, you may not receive any benefit from your policy.**

We declare that the information and answers given in this form are true and correct to the best of our knowledge, and we have not misstated or suppressed any material facts that may influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, it is agreed that this form shall be the basis of contract should the insurance be effected.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**