

PRODUCTS LIABILITY INSURANCE PROPOSAL FORM

YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS INSURANCE CONTRACT

Applicant's Instructions:

1. Answer all questions
2. If space is insufficient to answer any questions fully, attach separate sheet.
3. Application must be signed and dated by department manager or above.
4. If the answer to any question is none, state "NONE".

1. APPLICANT

- a) Full Name _____
- b) Principal address _____
- c) Subsidiaries or Divisions _____

d) You are :

- Sole venture Joint venture Other
- Manufacturer Wholesaler Retailer Importer
- Exporter

- e) Years in business under present name _____
- f) Prior experience in this business under another name _____

2. PRODUCT AND SALES/RECEIPTS DATA

a) Describe your Products and Services. Include discontinued Products, if any:

Products and Services	Year	Principal End User	% Annual Sales/Receipts

NOTE : (Attach brochures, catalogs, labels, instruction manuals, annual reports, and Product Surveys)

b) Please provide breakdown of Sales/receipts by percentage and territory

Year	Total Sales or Receipts	Products or Services	% of Total Sales	Asia	Worldwide excluding USA

c) Do you import products or component parts? Yes No

d) Do you export products or have foreign operations? Yes No

e) Could any of your products or services be used on or in connection with:

1. aircraft or related aviation industry Yes No

2. watercraft, rigs or platforms Yes No

3. transportation Yes No

f) Do you make or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials? Yes No

g) Could any of your products be classified as :

1. pharmaceuticals or medical devices Yes No

2. cosmetics Yes No

h) Are any of your products sold under another's name or label? Yes No

PLEASE EXPLAIN ALL OF THE ABOVE "YES" ANSWERS BELOW:

i) Briefly describe how your product(s) are to be used :

j) Do others assemble your products? Yes No

If not, do you supervise? Yes No

k) If installed by others, do you supervise or furnish instruction for the installation? Yes No

l) Who package your products? Yes No

m) How are they packed? Yes No

n) Suppliers and Distributors of your products?

i) Do you hold them harmless or insure them? Yes No

ii) Do they hold you harmless or insure you?

Yes No

If yes to either i or ii, please explain:

3. CLAIM HISTORY

a) Total aggregate losses, from ground up, including deductible & legal costs

Policy Period	No of Claims	Total Amount Paid	Total Amount Outstanding	Total Incurred

b) Individual losses, valued \$5,000 or more from the ground up, including deductible & legal cost

Date of Occurrence	Product Involved	Year Manufactured	Described Occurrence & Injury or Damage	Amount Paid	Amount Outstanding

c) Are you aware of any other incidents which may result in claims against you? Yes No

If yes, please give details:

4. LOSS CONTROL

a) Have your products ever been subject to injury or investigation in relation to product safety by any governmental agency? *If yes, attach details.* Yes No

b) Do you have a written product recall plan? *If yes, please attach.* Yes No

c) Have you ever recalled products because of a potential product safety hazard? *If yes, attach details and indicate percent of recovery.* Yes No

d) Has your management issued a written policy statement on product safety which has been communicated to all employees? *If yes, please attach* Yes No

e) Do you have a written product safety program for which specific individuals have responsibility for implementation? *If yes, attach copy or outline.* Yes No

- f) Do you carry out your own design work? Yes No
- g) Do you maintain records of design changes and reasons justifying these changes? Yes No
- h) Are your designs subject to independent external review, testing or certification? Yes No
If so, attach details and dates
- i) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No
- j) Are written testing procedures followed? Yes No
- k) Do you have a quality control manager responsible only to top management? Yes No

5. PRODUCT MANAGEMENT

- a) Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse made known by :
- i) warning labels and/or instruction Yes No
- ii) other mean? (provide details) Yes No
- b) Are warnings / instructions in English? Yes No
- c) Are instructions, warnings, labels and advertising texts subject to legal & senior management review to :
- i) ensure that they are complete and easily understood Yes No
- ii) avoid overstatement in relation to safety, or omissions in relation to hazards Yes No
- d) Do you expressly disclaim or limit warranties for your products? Yes No
- e) Are all warranties and / disclaimers reviewed by legal counsel? Yes No
- f) Do you provide any specific training or instructions for user(s) in the proper use of your product? *If yes, please describe.* Yes No
- g) Are salesmen and distributors made aware of your desire to be kept inform of cases where your product is used for a purpose for which was not designed? Yes No
- h) Explain how you identify your products and parts from similar competitors' products and parts :

- i) In event of an accident:
- i) Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products? Yes No
- ii) Are distributors made aware of your desire for prompt notice of all complaints, accidents and injuries involving your product? Yes No
- iii) Does your procedure provide for examining and preserving any allegedly defective product with the results of such examination recorded? Yes No
- iv) Are reports on complaints, accidents, injuries, and the examination of products involved made known to the person responsible for product safety? Yes No
- v) Do you used the results for improving the product/process procedures? Yes No

6. INSURANCE REQUESTED :

- a) Limit of Indemnity _____
- b) Voluntary Deductible _____
- c) Present insurer _____
- d) Proposed effective date _____
- e) Has any insurer ever cancelled, restricted or refused to renew your liability insurance? If yes, please explain.

I / We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of this contract of insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

Data Protection

I/We expressly authorize and consent to Etiqa’s officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurances with Etiqa, to any of the following persons, whether in Singapore or elsewhere:

- a) Etiqa’s holding companies, branches, representative officers, subsidiaries, related corporations or affiliates;
- b) any of Etiqa’s contractors or third party service providers or distribution partners or professional advisers or agents;
- c) any regulatory, supervisory or other authorities, court of law, tribunal or persons, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment/s or transfers; and
- e) any credit bureau, insurer or financial adviser, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqa’s representatives and monitoring of undesirable sales practices.

Etiqa Insurance Singapore Privacy Policy

I wish to receive information, including marketing materials from Etiqa Insurance (Singapore Branch) from the following communication channels:-

- Call SMS/MMS* Fax Direct Mail Emails All

* “SMS / MMS” means any messages, whether in sound, text, visual or other forms

For more information, kindly visit the PDPC website at: <http://www.pdpc.gov.sg>

Signature and Company Stamp

Name:

Title:

Date: