

TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za**MARINE HULL NON-FISHING VESSEL PROPOSAL FORM**

SECTION A: INSURED'S DETAILS					
COMPANY/CLIENT NAME:					
COMPANY VAT NUMBER:					
COMPANY REGISTRATION NUMBER:					
REGISTERED ADDRESS:					
Are they the owner or the operator or both?					
Owner	<input type="checkbox"/>	Operator	<input type="checkbox"/>	Both	<input type="checkbox"/>
How long have they been in business?					
For how long has the Insured owned and/or operated vessels?					
Does the Insured currently own and/or operate any other vessels?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please provide details:					
SECTION B: RISK DETAILS					
Name of the vessel(s):					
IMO Number:					
Type of vessel:					
If dumb barge, please provide details of towing arrangements:					
HULL DETAILS					
Year Built:					
Class:					
Length:					
Gross Tonnage:					
Flag:					
Value:		R			
VESSEL USAGE					
What is the vessel used for?					
What cargo is transported?					
Is it used all year round?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Where is the vessel's home port?					
Where does the vessel trade to? If worldwide, please state 'worldwide':					

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Please provide 5-year claims record of the Insured or all vessels operated including date of loss, paid and outstanding amounts and brief description of the incident:

SECTION D: INSURANCE

Does the Insured currently buy insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, who is current Insurer and Broker?

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Please provide current coverage including premiums:

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Apart from Hull, does the Insured require War and/or P & I?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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SECTION E: DECLARATION AND CONSENT**DECLARATION**

I/We declare that the information and answers given in this form are true to the best of **my/our** knowledge and belief and that **I/We** have not mis-stated or suppressed any material facts that might influence the assessment of the risk. **I/We** also understand that the completion of this form does not bind insurers or mean **I/We** will accept this insurance but, if terms are agreed, it will form part of the contract.

GENERAL POPIA CONSENT CLAUSE

By submitting this proposal, **I/We** consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.

I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.

I/We understand that **I/We** may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.

Where direct marketing is applicable, **I/We** understand it will only be sent if **I/We** provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.

NAME OF SIGNATORY:	
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SIGNATURE:	
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DATE:	
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Thank you for taking the time to complete this proposal form.