

This cover is not automatically issued when the proposal form is completed. Cover is effective when there is agreement on credit limits and a Policy Schedule has been issued by the Insurer.

Please advise your preferred start date for this policy	
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1. Name and address of applicant			
Company name			
Registration No			
Postal Address			
Physical Address			
Contact Person Name			
Contact numbers	Tel		Fax
Email			

2. Nature of your business	
Please give an accurate description of your trade and the goods/services sold.	
To what trade sector(s) are they sold? Please X the boxes accordingly.	
Manufacturers	<input type="checkbox"/>
Wholesalers	<input type="checkbox"/>
Retailers	<input type="checkbox"/>
Describe	
How long have you been trading in this sector?	
Country of origin of the goods	

3. Turnover, terms of payment and number of accounts			
Note: All figures, where possible, should exclude the value of deliveries to and/or work with associated and subsidiary companies, government departments, GST, retention monies, cash sales and sales to the public.			
Countries which you sell to	Estimated Annual Turnover of Trade Credit Sales (see note)	Approximate number of active accounts	Terms of payment
Total Amount		No.	

Insert rows where necessary

4. Past Experience

Financial year ending (MM/YY)	Turnover (excl. GST)	Total bad debts	Net bad debt losses	No. of losses	List your 2 largest bad debts amounts per year	And customer names
					1.	
					2.	
					1.	
					2.	
Financial year to date					1.	
					2.	

5. Overdue accounts

Note: This section need only be completed if you have any accounts which are either overdue beyond 60 days from end of month of delivery of goods/services, or causing anxiety or financial difficulties. If none, state "None".

Name and address	Amount outstanding	Original due date	Action Taken

Insert rows where necessary

6. Policies, guarantees and/or securities held or applied for

If you at present hold or are currently negotiating any of the following in connection with the credit risk on any of your customers, please X the boxes accordingly and provide additional information as requested.

Policy of insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	With		Expiry Date	
Factoring arrangement or invoice discounting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Personal guarantees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Please provide list		
Retention of title to goods (Romalpa Type)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Please provide copy		
Other securities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Please provide list		

7. Customers to be insured

Please list customers to be insured on attached sheet.

8. Assessment of your customers' credit worthiness

					If 'Yes', please give name and address of agencies used and type of report obtained.				
By credit information agency reports	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
By trade references	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	By Bank Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who in your company is responsible for the credit management procedures adopted?									
Name					Position				
If credit management is not centralized at address on Page 1, please give details here									
Address where credit management is made									

9. Assessment of your customers' credit worthiness (continued)

Are any of the following procedures used for overdue accounts?

Reminder by telephone or fax?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', how many days after due date is contact made?	<input type="text"/>
Reminder(s) in writing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', how many days after due date are letters sent?	<input type="text"/>
Stop credit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', how many days after due date is credit stopped?	<input type="text"/>
Legal action?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', how many days after due date are solicitors instructed?	<input type="text"/>
Use of collection agencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', how many days after due date are they instructed?	<input type="text"/>
Name of collection agency used	<input type="text"/>					

10. Broker of Record

This confirms that as of signature date of this Proposal Form we have appointed Marsh (Singapore) Pte Ltd ("Marsh") as our exclusive trade credit insurance broker with immediate effect.

The authority contained herein shall remain in full force for one year from the date of this appointment and will continue thereafter unless cancelled by us in writing by giving Marsh (Singapore) Pte Ltd 90 days notice. This appointment of Marsh will supercede and rescind any other previous appointments given by us for above mentioned programme.

Marsh (Singapore) Pte Ltd is hereby authorised to negotiate directly with any interested company with respect to our credit insurance programmes. We understand that Marsh (Singapore) Pte Ltd has no responsibility for any deficiencies in the insurance programmes to which this letter applies until they have had a reasonable opportunity to complete a review and to provide us with their recommendations.

This also constitutes authority to all relevant parties including insurers to furnish the representatives of Marsh (Singapore) Pte Ltd with all information that they may request and all data that they may wish to obtain for their study of our present and future requirements. We request that our insurers do not communicate such information to anyone else.

11. Signature and Declaration

We declare that:

- The information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to the Insurer which might affect the Insurer's decision whether to accept the risk.
- None of the buyers is a subsidiary or associated company of ours and that we have no interest, direct or indirect, in any of the buyers.

		Company stamp
Signature	<input type="text"/>	
Name of Signatory	<input type="text"/>	
Position in Company	<input type="text"/>	
Email	<input type="text"/>	
Date	<input type="text"/>	

ATTACHMENT TO PROPOSAL FORM
Customers to be insured

Name and Address (include company registration number)	Credit Limit required	Annual Credit turnover with Buyer	Remarks (e.g. non-standard payment terms)
1. 			
2. 			
3. 			
4. 			
5. 			
6. 			
7. 			
8. 			
9. 			
10. 			