



طلب تأمين أجسام السفن

1 General Information: معلومات عامة

a) Full Name of Proposal اسم طالب التأمين بالكامل

CR No. رقم السجل

Nationality الجنسية

Year Established سنة التأسيس

Activity النشاط

b) Address Locations عنوان الموقع

| | |
|-----------------------|-----------------|
| Building : رقم المبنى | Street : الشارع |
| Dist : الحي | City : المدينة |

P.O.Box صندوق البريد

Postal Code الرمز البريدي

Phone No رقم الهاتف

E-mail ID الايميل

c) Contact Person الشخص المسؤول

Name الاسم

Mobile جوال

Email الايميل



RIYADH

Riyadh Central Region, Main Branch
Al Tahliya St. Al Deghaither Tower, Office 113 & 114
Telephone: +966 – 11 – 2162797

JEDDAH

Western Region, Operations Office
Al Tahliya St. Bin Homran, Tower B, Office 304
Telephone: +966 – 12 – 663 7282

AL-KHOBAR

Eastern Region, Operations Office
Al Dhahran St. – Ababtain Tower , Office 202
Telephone: +966 – 13 – 897 9791

1. INFORMATION (DETAILS OF OWNER)

Name of Vessel Owner(s) :

Address of the Vessel Owner(s) :

Fax Number:

Telephone Number :

Mobile Number:

Email Address:

P.O. Box :

Cruising Area(s)

Mooring Location(s) :

2. VESSEL'S DETAILS

i. Use of Vessel

☐ Leisure

☐ Fishing

☐ Trade

☐ Commercial Transport

☐ Others, please specify:



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ii. Specifications of Vessel

| | |
|----------------------|----------------------|
| Name | Type |
| GRT/NRT | DWT/LDT |
| Year of Built | Name of Glass |
| Flag | Ex Name |
| Call Sign | Length |
| Beam | Draft |
| Depth | Engine Make |
| Engine Speed | Sum Insured |
| Model | SAR |

iii. Fire Fighting Appliances

Fire Extinguisher ☐ Yes & Number: ☐ No

iv. Security System

Surveillance Camera ☐ Yes

Burglar Alarm System ☐ Yes

☐ Others, please specify:

v. Additional Coverage Required

Fire Alarm ☐ Yes ☐ No

If yes, where is it connected?

Personal affects ☐ Yes ☐ No

Please provide us with the Sum Insured

Third Party Liability ☐ Yes ☐ No

Please provide us with the limit of Liability SR _____



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3. CLAIMS

Losses for Last Three years

| Date of Loss | Nature of Loss | Amount Claimed (SAR) |
|--------------|----------------|----------------------|
| | | |
| | | |
| | | |

Details of Expiring Insurance

| | |
|-----------------|---------------------|
| Insurer: | Sum Insured (SAR): |
| Annual Premium: | Excess: |
| Expiry Date: | Other Details: |

4. OTHER INFORMATION

Trading Area (if any)

Wireless Equipment (if any)

Type of Cargo Carried (if any)

Existing H&M Insurers

P&I Club

Has any Insurer ever refused your proposal or renewal of your policy

☐ Yes ☐ No

If yes, please provide details:



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5. DETAILS OF SURVEY

| Name of Survey | Survey Due | Carried on | Validity |
|--|------------|------------|----------|
| Cargo Ship Safety Construction Certificate | | | |
| Cargo Ship Safety Equipment Certificate | | | |
| Cargo Ship Safety Radio Telegraphy Certificate | | | |
| International Load Line Certificate | | | |
| International Oil Pollution Prevention Certificate | | | |
| ISM Certificate (if Applicable) | | | |
| Class Survey Carried | | | |

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Date :

Stamp & Signature of Proposer



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قائمة متطلبات وثائق أجسام السفن

Pricing Requirements for Marine Hull

| | | | |
|----|---|---|----|
| 1. | Signed and Stamped Broker of Record (BOR) Letter | خطاب تفويض موقع ومختوم على مطبوعات المنشأة الرسمية بتاريخ حديث. | 1. |
| 2. | Copy of the Company Valid Registration (CR) | صورة من السجل التجاري للمنشأة ساري الصلاحية | 2. |
| 3. | National Address (WASSAL) | العنوان الوطني | 3. |
| 4. | Claim Experience For the Past 5 Years From the Previous Insurance Company(s) | تقرير معدل الخسائر لمدة خمس سنوات ماضية من شركة او شركات التأمين السابقة | 4. |
| 5. | Letter From Client showing the Claims Detail in the past 5 years or To Confirm the NIL Losses, In Case The Client Never Hold a Same Coverage Previously. | خطاب من العميل يوضح تفاصيل الخسائر ان وجدت أو تأكيد بعدم وجود خسائر للخمس سنوات السابقة في حال عدم وجود تأمين سابق لنوع التغطية المطلوبة. | 5. |
| 6. | Marine Hull Proposal Form Filled Duly | تعبئة نموذج طلب التأمين الخاص بوثائق تأمين اجسام السفن حسب الاصول | 6. |
| 7. | Sum Insured Breakdowns : <ul style="list-style-type: none"> Hull, engine and Equipment Outboard motors Dinghy Special equipment Trailer | تفصيل مبلغ التأمين : <ul style="list-style-type: none"> الجسم , المحرك , المعدات المحركات الخارجية القوارب الصغيرة الموجودة على السفينة اي معدات خاصة ملحقه بجسم السفينة المقطورة | 7. |
| 8. | Present Condition of Craft :Type of construction Date built and builder's name Type of engine, and No. Of cylinders, Maximum designed speed of vessel & State what fuel used | تفصيل يوضح الوضع الحالي للباخرة مع تفاصيلها | 8. |



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