



PROPOSAL FORM

# Automotive Components Product Recall

[libertyinternational.com](http://libertyinternational.com)



# Proposal form



## Important Notice

The information requested and provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you (the Applicant) answer all questions in full and read and sign the Declaration at the end.

### **Your Duty of Disclosure – Hong Kong**

In completing this proposal form you are obliged to disclose material facts that you know, or could reasonably be expected to know, that are relevant to the insurer's assessment and acceptance of this proposal. If you are uncertain whether or not particular information is material, these facts should be disclosed.

### **Non Disclosure**

Should you fail to comply with your disclosure obligations the insurer may void the policy.

### **Your Duty of Disclosure – Singapore**

In accordance with section 23(5) of the Insurance Act 1966, as amended from time to time, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know that are relevant to the policy.

### **Non Disclosure**

If you do not fully and faithfully give the facts as you know them or ought to know them, the policy issued may be void and you may receive nothing under the policy.

### **Inadequate Space To Answer**

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

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## 1. THE APPLICANT

a. Name of Applicant to be insured under this policy

d. Address of Applicant

Street

Suburb

State

Postcode

c. List all subsidiary companies to be included under this policy

d. Applicant's website

## 2. LIMIT OF LIABILITY

a. What is the limit of liability required? US\$

## 3. FINANCIALS

a. Actual total turnover for the last 12 months US\$

b. Estimated turnover for the next 12 months US\$

## 4. PRODUCT OVERVIEW (attach additional pages as needed)

a. Product(s)	% of total turnover	What is the final application(s) if the product is a component
	%	
	%	
	%	
	%	
b. What percentage (%) of products are sold as components		%
c. Is this the Applicant's total turnover?		Yes No
If no, please provide details:		

d. Geographical distribution:

Region	Product(s)	Turnover US\$
North America, Europe, ANZ, Japan		\$
Asia excluding Japan		\$
Other		\$

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e. Top three (3) products (by turnover):

	Product 1	Product 2	Product 3
Product name			
Annual turnover (US\$)	\$	\$	\$
Top customer			
Failure rate (%)	%	%	%
Manufacturing cost per unit	\$	\$	\$
Batch size (number of units)			
Batch size (US\$)	\$	\$	\$

f. Will any new products be marketed or sold during the next 12 months? Yes No

If yes, please provide details:

## 4. QUALITY ASSURANCE

a. Is the Applicant accredited with IATF 16949? Yes No

b. Is the Applicant accredited with any other internationally recognised standards? Yes No

If yes, please provide details:

c. Does the Applicant perform internal quality assurance audits? Yes No

1. How often are these audits conducted?

d. Are quality assurance audits performed by independent third party parties? Yes No

1. How often are these audits conducted?

2. When was the last audit conducted?

3. Have all non-conformances from the last audit been closed out? Yes No

e. Do any of Applicant's customers audit the Applicant's processing procedures and manufacturing plants? Yes No

If yes, please provide a copy of the most recent audit report:



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## 7. SUPPLIERS

a. Please list the 3 largest (in US\$ terms) materials or components you purchase from others:

Component	Value (US\$)
	\$
	\$
	\$

b. Does the Applicant provide written specifications for all material or components purchased from third parties?

Component	Value (US\$)	Yes	No
	\$		
	\$		
	\$		
	\$		
	\$		

c. Does the Applicant retain samples of components manufactured by suppliers? Yes No

d. Does the Applicant perform site visits on all suppliers? Yes No

e. Does the Applicant require all suppliers to be accredited with internationally recognised standards? Yes No

Please provide details:

f. Does the Applicant have a written supplier management plan in place? Yes No

g. Does the Applicant have full recovery rights (including cost of goods and any consequential loss) against all suppliers? Yes No

## 8. RECALL PREPAREDNESS

a. Does the Applicant have an in-force recall plan? Yes No

b. Has the Applicant conducted a mock recall in the last 18 months? Yes No

c. Has the Applicant had any strikes/riots/work stoppages or plant closures in the past three (3) years? Yes No

## 9. HISTORY

a. Have any products or any of the Applicant's premises been the subject of comment or complaint by any government agency or department in the past five (5) years? Yes No

b. Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant, have knowledge of or information about any fact or circumstance which may reasonably give rise to a claim under the proposed policy? Yes No

c. Has the Applicant had any statutory fines or penalties during the last five (5) years? Yes No

# Proposal form



- d. Has the Applicant had any product recalls or withdrawals during the last five (5) years? Yes    No  
If yes, please provide details:

- 
- e. Has the Applicant had any Product Liability claims or notifications during the last five (5) years? Yes    No  
If yes, please provide details:

- 
- f. Has any insurer:
- |  |     |    |
|--|-----|----|
| 1. declined to insure the Applicant in respect of any coverage(s) proposed for herein? | Yes | No |
| 2. cancelled or refused to renew the Applicant's insurance?                            | Yes | No |
| 3. imposed special terms to insure the Applicant?                                      | Yes | No |

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- g. The answers you have provided to the above questions usually provide sufficient information for a proper consideration of your application, however, if there are any matters which are material to the risk to which this application relates, you must disclose those facts to us in the space provided below.

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## 10. DECLARATION

(To be signed by a partner, principal or director.)

I, the undersigned, declare and acknowledge that:

- having made all necessary enquiries, I am authorised to submit this proposal on behalf of all persons or entities seeking insurance.
- having made all necessary enquiries, all information and supporting documents provided in, with or separately to this proposal are true and accurate, and I have not withheld any relevant information.
- this proposal and any accompanying documents will form the basis, or part of the basis, of the insurance contract.
- until an insurance contract is entered into, I will notify Liberty of any changes to the information provided or any new relevant information that arises.
- I understand Liberty relies on the accuracy of all information and documents submitted in connection with this insurance proposal.
- I have read and understood the Important Notices, including the Privacy Notice, which form part of this proposal.
- I understand no insurance cover is in force until a contract of insurance is entered into, which occurs upon my acceptance of any offer made by Liberty.

Signature

Date

Name (please print)

Title

# Proposal form



## Privacy Notice

**Liberty** means Liberty International Insurance Limited (UBI 03967394) (**Liberty Hong Kong**); Liberty Pte. Limited (UEN 201538069C) (**Liberty Singapore**). **Liberty** is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

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