



## GOODS IN TRANSIT INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

<b>INSURED</b>	:	_____
<b>INTEREST / GOODS</b>	:	_____
<b>VOYAGE</b>	:	<b>FROM:</b> _____ <b>TO:</b> _____
<b>PACKING</b>	:	_____
<b>MODE OF TRANSPORT</b>	:	_____
<b>ESTIMATED ANNUAL TURNOVER / SUM INSURED / (VALUE OF GOODS)</b>	:	_____
<b>MAXIMUM VALUE PER LOAD</b>	:	_____
<b>GEOGRAPHICAL AREA</b>	:	_____
<b>COVER</b>	:	<b>All Risks including Loading and Offloading</b>
<b>Claims Experience (if any)</b>	:	_____

We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME:

DESIGNATION: