

Office/Agent

**MARINE CARGO INSURANCE  
PROPOSAL FORM**

Policy No:

**IMPORTANT NOTICE**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.  
You also have a duty to tell us immediately if any time after your contract of insurance has been entered into, varied or renewed with us any information given in this Proposal Form is inaccurate or has changed.

1. Name of Proposer		
2. Company No.		
3. If GST registered, please provide no.		
4. Address	Postcode:	
5. Trade or nature of business		
6. Estimated Time of Departure	ETD	
7. Estimated Time of Arrival	ETA	
8. Voyage to be insured ( <i>with transshipment</i> )	From	To
	Via transshipment port(s)	
9. Method of Transport	By Sea ( ) By Air ( ) By Land ( ) Others – Please specify	
10. Name of vessel / Train or Lorry No. / Airline Flight / Airway Bill No.		
11. Consignee's Name / Consigned To		
12. Financial Interest or Bank issuing Letter of Credit ( <i>if any</i> )		
13. Description of goods to be insured ( <i>please state shipping markings, quantity, weight and etc.</i> )		
14. Insured Value (CIF/Invoice Value)	Plus %	
15. Nature of Packing ( <i>please circle where applicable</i> )	FCL / LCL / Bales / Boxes / Cases / Carton / Crates / Paper Bags / Plastic Bags / Bundle / Drum / Tin / Pallets	

