



QUESTIONNAIRE FOR MARINE TRANSIT INSURANCE

- 1. Name & Address of Consigner/Consignee : _____

- 2. Full Particulars of Materials Applied
 - a. Quantity : _____
 - b. Nature of Packing & No. : _____
- 3. a. Purchase Order No. & Date : _____ / ____/20__
 b. Name of Supplier, Invoice No. & Date : _____
 _____ / ____/20__
- 4. Place of Despatch and Final Destination : _____

- 5. Mode of Transit : Air/ Sea/ Train/ Road/ Post Parcel/ Courier/ Others
- 6. Particulars of Vessel/Lorry/AIR : _____
 ie. Year of Built, GRT, etc _____
- 7. L R No. / R R No. Air Way Bill No. : _____ / ____/20__
 B L No. and Date _____
- 8. a. Invoice Value of the Item : _____
 b. Sum to be Insured : _____
- 9. Risks to be Covered : 1. All Risk 2. Basic Cover 3. War & SRCC
 4. Any Other, pls. Specify _____
- 10. Any other useful Information regarding the Risk : _____

Signature : _____

Name of Proposer : _____

Address : _____

Pin Code _____

Phone _____

Place : _____

Date : ____/____/20__