



# KERALA STATE INSURANCE DEPARTMENT

കേരള സംസ്ഥാന ഇൻഷുറൻസ് വകുപ്പ്

HO : Directorate of Insurance, Trans Towers, Vazhuthacaud, Thycaud - PO, Thiruvananthapuram, 695014

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## 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\_\_