

PARTICULARS OF MARINE POLICY-CARGO

DATE:

INSURED:

ADDRESS:

INSURANCE INTEREST AND INVOICE VALUE:

BASIS OF VALUATION:

HOW PACKED:

VESSEL:

SAILING DATE:

FROM:

TO:

INCLUDING TRANSHIPMENT AT:

SUM INSURED:

CONDITIONS:

MARKS AND NUMBERS:

BILL OF LADING NO.:

EXPECTED DATE OF ARRIVAL:

Signature:

ATTACH COPY OF INVOICE FOR GOODS

FOR OFFICE USE ONLY

MARINE RISK: %

PREMIUM:

WAR RISK: %

PREMIUM:

STAMP DUTY:

TOTAL:

AGENCY:

POLICY NO.: