

# Marine Cargo Insurance

## Proposal form



### Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

### Personal Information

Name of the Proposer: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Company registration No: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Payment Term: LC / TT / DA / Other

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

### Subject Matter

Full Description of the Cargo: \_\_\_\_\_ FCL / LCL / DECK

Invoice No: \_\_\_\_\_ Basis of Valuation: FOB / CNF / CIF  
(Please attach the invoice)

Mark and Nos: \_\_\_\_\_ Insured Value: \_\_\_\_\_

Detail of Packing: \_\_\_\_\_ Part shipment (if any): \_\_\_\_\_

Subject Matter is: New / Second hand / Fresh / Chilled / Frozen

**Voyage and Conveyance**

Name of the Shipper: \_\_\_\_\_

From: \_\_\_\_\_ Transshipped at (if required): \_\_\_\_\_ To: \_\_\_\_\_

Date of Sailing / Dispatch: \_\_\_\_\_

Conveyance: Imports / Exports by: Sea / Air / Inland transit

**Cover required:**

Annual Cover

Open Cover

Maximum value of goods Imports / Exports / Inland transit: \_\_\_\_\_

Any one conveyance: \_\_\_\_\_

Any one location: \_\_\_\_\_

**Cargo Clauses:**

Institute Cargo Clauses (A) / (B) / (C)  Yes  No

Institute War Clauses (cargo) and Strikes Clauses (cargo)  Yes  No

Institute Clauses (Air) and Institute War Clauses (Air Cargo)  Yes  No

Institute Strike Clauses (Air cargo)  Yes  No

Past claim experience  Yes  No

If YES, please provide the details:

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of proposer

Company Stamp: