

askari general insurance company limited

4th Floor, AWT Plaza, The Mall, Rawalpindi.

Telephone No. 9272425-7, Fax No. 9272424

**MARINE CARGO INSURANCE
PROPOSAL FORM**

ASSURED'S PARTICULARS

Name:

Address: _____

CARGO DETAILS

Description of Cargo

Quantity

L/C No.

Consigned to

Marks

Invoice Value:

Sum Insured:

SHIPPING DETAILS (If available)

Conveyance: _____

Departure / Arrival Date: _____

(Vessel Details: Year Built _____ Class _____ Flag _____ GRT _____ NRT _____ DWT _____)

Voyage: From _____ to _____

with transshipment, if any _____ into S.S. / ETD _____

COVERAGE REQUIRED:

ICC (A) / (B) (C) etc, _____ With / Without War Risks & Strike Risks Other

Institute Cargo Clauses (A) OR (B) OR (C)

Clauses, if any: _____

Claims payable at:

Declaration:-

We/I hereby declare that the particulars and answers given above are true and correct to the best of our/my knowledge. We/I have not withheld any information likely to affect acceptance of this proposal, and We/I agree that this proposal shall be the basis of the contract between Insurance co. and ourselves/myself and We/I further agree to accept the Company's Policy subject to the terms, clauses and conditions prescribed by the Company therein.

Date

Proposer's Signature & Company Stamp

This is not an insurance policy. However your declarations or disclosures shall form the basis of the contract of insurance. The Specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request. This insurance policy will not be in force until the proposal has been accepted by the insurance company.