

**QUESTIONNAIRE FOR MARINE SPECIFIC TRANSIT INSURANCE**

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| **Name & Address of the Insured** | **:** |  |  |
| **Nature of Business** | **:** |  |  |
| **Items/Subject matter to be** |  |  |  |
| **Insured** | **:** |  |  |
| **Whether Items are New or Used One:** |  |  |
| **Sum Insured** | **:** |  |  |
| **Basis of Valuation** | **:** | **C & F + 10%** or **FOB + 10% + 10%** or **CIF + 10% + 10%** |
| **Voyage** | **:** | **From** | **:** |
|  |  | **To** | **:** |
| **Packing Details** | **:** |  |  |
| **Whether Containerized** | **:** |  |  |
| (If so, whether FCL or PCL) |  |  |  |
| **Mode of Transit** | **:** | **Sea Freight / Air Freight / Road** |
| **Name of Vessel / Shipping lines** | **:** |  |  |
| **Expected Sailing Date** | **:** |  |  |
| **Previous claim(s) (if any)** | **:** |  |  |
| **Additional Information (if any)** | **:** |  |  |