



**NEW INDIA
ASSURANCE**

THE NEW INDIA ASSURANCE CO.LTD
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MARINE CARGO PROPOSAL FORM

1. Name & Address of the Proposer

.....

Phone Nos:

Fax Nos:

.....

2. Name & Address of the Broker

.....

Phone Nos:

Fax Nos:

.....

3. Cargo Details

(a) *Description*

.....

(b) *Nature of Packing*

.....

(c) *Is the Cargo Containerized*

Yes:

No :

(d) Type of Container

Normal:

Refrigerated:

Other, Please give details.....

Full Container

Part Container

Other, please give details

4. Voyage/Transit Details

From:

To :

5. Mode of Transport (In %)

Sea:

Air :

Road/Rail :

.....

(a) Is there any transshipment

Yes

No

6 Sum Insured

7 Limit per Boltorm _____

8 Basis of Valuation _____

9 What are the Imports/Exports Terms of Sales:

10 Has the Proposer ever made a Marine Cargo Insurance Claim and if so provide details

Date of Loss	Details	Claim Value (NZ\$)

11. Type of Policy Required:

12. Risk to be covered:

13 Expected date of start of voyage:

14. Has the proposer's insurance ever been declined, cancelled or refused by another insurer and if so provide details:

Insurer	Policy No	Details

15. Any other Information:

I, We understand that the above information, which is correct to the best of my knowledge, is to be the basis of insurance, if a policy is issued, but does not obligate me to accept the insurance nor oblige the insurer to effect insurance on the risk.

Signed by the Applicant _____

Name of the Applicant _____

Date _____