



FOR MORE INFORMATION, PLEASE CALL :

6827 2782
6827 2784
6827 7656

OR FAX

6827 7803

Marine Cargo Insurance



CERT. NO. : 2004-1-0728
SS ISO 9001 : 2000

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Website: www.msg.com.sg
Co. Reg. No. 200412212G

Individual Shipment

MARINE CARGO INSURANCE PROPOSAL FORM

Agent / Broker : _____

Insured : _____

NRIC No.
(Personal Insurance) : _____

Address : _____

Postal Code _____

Tel No : _____ (R/HP) _____ (O)

Fax No : _____

Nature of Business : _____

Business Registration No : _____

Year in Business : _____

Type of Cargo : _____

Insured Value : _____

Packing : FCL Bulk
 LCL Conventional
 Others (Please specify)

Terms of Sale : CIF C&F/CFR
 FOB Ex-factory

Voyage : Port of Loading _____
 Port of Discharge _____

Please advise commencement and termination point of transit

Conveyance : By Approved Vessel

By Barge / Tug

By Approved Aircraft

By Vehicle

Please advise Name of Vessel / Flight No. & AWB No. /

Lorry No. when available : _____

Departure On / About : _____

Basis of Valuation : CIF plus 10% (Others, please specify)

Claims Experience for
the past 12 months : _____

Name & Signature
of Applicant

Co Stamp / Seal for
Corporate Client

Date

- Note :*
- Please tick / fill in where applicable - Any blank spaces not filled in are deemed not relevant.
 - This Questionnaire serves as a guide and is not deemed exhaustive.
 - **Statement Pursuant to the Insurance Act.**
 You are to disclose in this application form, fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued hereunder may be void.
 - This insurance will not be in force until the application has been accepted by the Company.