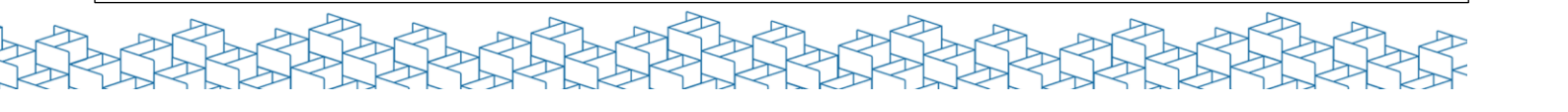


**OVERSEA CARGO QUESTIONNAIRES FORM**

Date .....

1.	Insured Name.	-	.....
	Address	-	.....
	Telephone No	-	.....
2.	Freight Forwarder	-	.....
3.	Interest Insured	-	..... .....
4.	Type of Cargo	-	.....
5.	Quantity	-	.....
6.	Invoice Amount	-	.....
7.	Sum Insured	-	.....
			<input type="checkbox"/> CIF + 10%
8.	Invoice Number & Date	-	.....
9.	Vessel Name	-	.....
10.	Bill of Lading	-	.....
11.	Sailing Date	-	.....
12.	Route	-	From .....
			To .....
			ETD .....
			ETA .....
			Estimated Delivery Date to Factory .....
13.	Transshipment	-	.....
14.	Type of Cover	-	.....



15. Conveyance - .....
- Sea  Land  Air  Other
16. Packing Bags -  Cartons  Cases  Pallets  No Packing
- Others .....
- On-deck shipment  Under-deck shipment
17. Loss Experience & Nature of Claim- .....
- .....
18. Any other information/ - .....
- Any special request - .....

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

Agent Signature	.....	Insured's Signature	.....
Agent Name	.....	Insured's Name	.....
Agent Registering No	.....	NRC No	.....

**Sales Department's View** : .....

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