** CARGO INSURANCE INPUT SHEET**

TO: VENTURE FREIGHT AUSTRALIA PTY LTD

Please complete and send to either

FAX: +61 (3) 8401 3350 or Email: [stephanie@venturefreight.com.au](mailto:stephanie@venturefreight.com.au)

|  |  |
| --- | --- |
| Full Name of Insured/Client |  |
| Freight Forwarder |  |
| Description of consignment |  |
| Value of Goods (currency) |  |
| Freight Cost |  |
| Shipment Mode (Air/Sea etc) |  |
| Departure Date |  |
| Dispatch Port/Location/Country |  |
| Transhipped (if so what port) |  |
| Final Destination |  |
| Carrier + Voyage/Flight No |  |
| Bill of Lading / Airway Bill No |  |
| Your Reference |  |
| Quoted Premium Rate (if any) |  |
| Special Conditions? (LOC rdg) |  |

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| --- |
| **IT COULD DELAY COVER BEING EFFECTED IF YOU DO NOT FOLLOW THESE INSTRUCTIONS**  \*Attached a copy of the bill of lading and commercial invoice  \*The insured value will be in Australian dollars unless you tell us otherwise.  \*Premium and insured value will be based on the cost of the goods and freight, plus an additional 10%. (The 10%  allows for additional costs incurred by you in the event of a claim.)  \*If accepted, we will apply with an insurance certificate, claims instructions and our tax invoice |