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| **PENDING A VISIT FOR INSPECTION/FURTHER ENQUIRIES KINDLY PROVIDE INFORMATION BELOW** |
| **GOOD-IN-TRANSIT INSURANCE** |
| 1. Name & Address of Proposer: |
| 1. Address Of Proposed Property: |
| 1. Occupation Of the Insured: |
| 1. Email Address of Proposer: |
| 1. Telephone Number/s Of Proposer: |
| 1. Describe Type of Goods: |
| 1. Are The Goods Combustible? |
| 1. Mode Of Conveyance of Goods: By Road, Sea, Air (Is the mode Own or hired)?  * Details of the mode of transportation (Vehicle, Vessel, Aircraft) |
| 1. SUM INSURED (VALUE OF GOODS TO BE MOVED)  * Single Transit = Amount * Weekly Transit = Amount * Monthly Transit = Amount * Quarterly Transit = Amount * Half Yearly Transit = Amount * Yearly Transit = Amount * Declaration Basis = Amount |
| **We hereby agree that all information stated above are true and we agree that this declaration shall be the basis of the insurance contract.**  **Authorised Name Date Signature** |