

THE ORIENTAL INSURANCE COMPANY LIMITED

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		MARINE INSURANCE QUESTIONNAIRE FORM
		Date:
		Name of office:
411	0.11	Agency: ESTIONS ARE TO BE ANSWERED
1.	-	ne of Proposer
	134	TO GIT TO BOOK
	Add	iress
2.	Des	scription of goods to be insured:
3.	Details of Packing:	
4.	De	tails of Voyage or Transit:
	a)	From:
	b)	То:
	c)	Mode of transit (by Sea / Air / Rail / Road):
	d)	In case of Sea Voyage, name of the vessel:
	e)	Invoice No & Date:
	f)	L/C No.& Date:
	g)	B/L No./C/N No./AW/B No./R/R No.& Date:
5.	Est	imated Date of Departure:
6.	Sur	n Insured
	a)	Invoice value:
	b)	Tolerance Limit (If any):
	c)	Incremental Costs (Expressed as a percentage of Invoice value):
	d)	Duty (Duty amount payable on arrival):
7.	Type of Insurance Cover required (All Risk / Basic Risk / Minimum Risk):	
8.	Additional Cover required:	
9.	How long has proposer previously been handling this type of business:	
		PROPOSER'S SIGNATURE
		PAN No.: