



## **PROPOSAL FORM FOR INLAND TRANSIT INSURANCE COVER**

**Name of Insured:** \_\_\_\_\_

**Address of Insured: City** \_\_\_\_\_

**Telephones** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Brief Description of Cargo to be transited:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sum Insured:** \_\_\_\_\_

**Quantity and Unit Price:** \_\_\_\_\_

**Voyage: From** \_\_\_\_\_ **to** \_\_\_\_\_ **via** \_\_\_\_\_

**Identification of Conveyance:** \_\_\_\_\_

**Proforma or Commercial Invoice No:** \_\_\_\_\_

**Invoice Date:** \_\_\_\_\_

**Driver Name:** \_\_\_\_\_

**Vehicles Plate No.** \_\_\_\_\_

**I/We declare that the above facts given are true and correct.**

**Name of Proposer** \_\_\_\_\_ **Signature & Stamp** \_\_\_\_\_