

## Declaration Form for Marine Insurance

Policy to be issued in the name of \_\_\_\_\_  
(Specify the Name & Address of the Assured)

Supplier's Name: \_\_\_\_\_

Name of Bank & L/C details if any: \_\_\_\_\_

Description of Goods: \_\_\_\_\_

\_\_\_\_\_

Invoice Value of Goods: \_\_\_\_\_

Basis of Valuation: CIF / C&F / FOB / Ex-Works  
(Tick the applicable item)

Conveyance a) Sea Freight (FCL / LCL / Non Containerized)  
(Tick the applicable item) b) Air Freight (Specify the airlines)  
c) Road Transit (By Truck / Trailer)  
(Specification with plate no.)

Voyage / Transit: From: \_\_\_\_\_  
(Specify the places / countries)

To: \_\_\_\_\_

### Attachments:

- a) LC details from the bank
- b) Copy of Invoice Copy
- c) Copy of packing list
- d) Bill of Lading / Airway Bill / Truck Waybill  
(Tick the item whichever is applicable)