CIN No. U66010RJ2006PLC029979
IRDA Registration Number: 137

Shriram General Insurance Co. Ltd.

IN PARTNERSHIP WITH THE **Sanlam** GROUP

Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022
Phone: +91-141-3928400, 3951111 Fax: +91-141-2770692, 2770693
Website: www.shriramgi.com
E-mail: customer.feedback@shriramgi.in
Toll Free: 1800-103-3009, 1800-300-30000
ISO/IEC 27001:2013 certified

MARINE INSURANCE
(Proposal Form)

INTERMEDIARY DETAILS

Branch Code [   ]   Employee Code [   ]   Intermediary Code [   ]

PROPOSER'S DETAILS

1. PERSONAL DETAILS:

i.	Proposer's Name	
ii.	Address	
		Pin code:
iii.	Telephone and E- mail ID:	

INSURANCE DETAILS

2. a) CARGO DETAILS:

i.	Goods proposed for insurance					
ii.	Specify whether new or second hand					
iii.	Packaging used					
iv.	Conveyance (s) Please tick		Air	Sea	Postal	Others
		Export				
		Import				
		Domestic				
v.	Mode of Transport					
vi.	Will the cargo be containerized					
vii.	Value of Cargo					
viii.	Basis of valuation	**Import**	FOB + %	C&F + %		
		Export	FOB + %	C&F + %	CIF + %	
		Domestic	Purchase Invoice + %	Sale Invoice + %		
ix.	RR/GR/BR/AWB No. and date, if any.					
x.	Details of the carrying vehicle and name of the transporter					
xi.	Terms of Sale					
xii.	Sum proposed for Insurance					

(b) FOR OPEN POLCY:

i.	Annual turnover	
ii.	Limit per sending	
iii.	Limit per location	

3. **COVER DETAILS:**

i. Type of Policy required (Tick)	a) Specific Policy b) Open Policy c) Special Declaration Policy d) Multi transit policy e) Specific Voyage Policy f) Open Cover g) Others(Please specify):
ii. Voyage Details	From : _____ To: _____
iii. Policy period (date, dd/mm/yyy)	From : _____ To: _____
iv. Multi Transit Involved (Tick)	Yes _____ No _____
iv. Periodicity of Declaration (other than specific policy)	a) Monthly b) Quarterly c) Others
v. Types of cover required (Named the perils like "SRCC", "War" etc)	
vi. Would you like to opt for Voluntary Excess? If yes, mention the amount	

4. **CLAIM DETAILS:**

Has any other insurer refused to accept this insurance or imposed conditions to accept the same. If YES, give details.	
Rate of premium charged by previous Insurer, if any.	

Claim Experience (Last 3 years)				
Period of Insurance	Type of Policy	Cover opted	Premium paid (in Rs.)	Claim Amount

DECLARATION

I/We declare that the answers given by me/us are true and correct and that I/We have not withheld any information, which might influence acceptance of this questionnaire form. I/We agree that this declaration and the answers given by me/us shall be the basis of the insurance contract between me/us and Shriram General Insurance Company Limited and shall deemed to be incorporated in the policy.

Place:

Date: Signature of the proposer
                                                                              (With office seal, if any)

Under Section 41 of Insurance Act 1938

Prohibition of Rebates:-

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole of the commission payable or any rebate of the premium shown in the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Rs 10, 00,000/- (Rupees ten lakh).