

Oversized Machinery Marine Insurance Form

Insured Information

Name of Insured

Address

Contact Number

Email

Shipment Details

From (Origin)

To (Destination)

Estimated Departure Date

Estimated Arrival Date

Mode of Conveyance

Machinery Information

Type of Machinery

Description

Quantity

Total Weight (kg)

Dimensions (L x W x H, meters)

Coverage Details

Total Insured Value (Currency)

Coverage Type

Other Specific Requirements

Declaration

Declaration

Name

Date