Vehicle Marine Transit Insurance Declaration

Insured Details

Name of Insured
Contact Number
Address
Consignment Details
Vehicle Make/Model
Year of Manufacture
Chassis Number
Engine Number
Sum Insured (Value)
Transit Details
From (Origin)
To (Destination)
Departure Date
Expected Arrival Date
Mode of Transit

Declaration

Additional Information/Remarks

Date			
Cignoture of Inquired			
Signature of Insured			