

# Marine Cargo Insurance Declaration Form

Insured Name	<input type="text"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>
Policy Number	<input type="text"/>
Date of Declaration	<input type="text"/>
From (Port of Loading)	<input type="text"/>
To (Port of Discharge)	<input type="text"/>
Mode of Conveyance	<input type="text"/>
Vessel/Flight/Vehicle Name	<input type="text"/>
B/L or AWB Number	<input type="text"/>
B/L or AWB Date	<input type="text"/>
Description of Goods	<input type="text"/>
Number of Packages	<input type="text"/>
Total Weight (kg)	<input type="text"/>
Type of Packing	<input type="text"/>
Sum Insured (Currency & Amount)	<input type="text"/>
Remarks	<input type="text"/>