

Marine Cargo Insurance Declaration Form

1. Insured Details

Name of Insured

Address

Contact Person

Contact Number

Email

2. Voyage & Shipment Details

Shipment Date

Voyage / Flight No.

From (Place of Origin)

To (Destination)

Mode of Transit

Type of Packing

3. Cargo Details

Description of Goods

Quantity

Gross Weight (kg)

Measurement (m³)

Marks & Numbers

Invoice Value/Amount to be Insured

4. Additional Information

Remarks / Instructions

Date of Declaration

Declared By