

# Cargo Insurance Application

## Applicant Details

Full Name

Company Name

Contact Number

Email Address

## Cargo Details

Cargo Type / Description

Declared Value

Weight (kg)

Volume (m<sup>3</sup>)

Packing Details

Special Handling Requirements

## Transit Details

Origin

Destination

Via

Mode of Transport

Estimated Shipment Date

Expected Transit Duration (days)

## Additional Information

Remarks / Additional Information