



## TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

**Marine Insurance Specialists**

W: [www.trimarine.co.za](http://www.trimarine.co.za) | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

### INLAND TRANSIT (OWN GOODS) PROPOSAL FORM ANNUAL POLICY

SECTION A: INSURED'S DETAILS	
NAME OF INSURED:	
COMPANY VAT NUMBER:	
COMPANY REGISTRATION NUMBER:	
REGISTERED ADDRESS:	

SECTION B: RISK DETAILS	
Q: What goods do they want to insure?	
A:	
Q: How are the goods packed? Are they in cartons, in closed or open trucks/vehicles?	
A:	
Q: Does the insured use their own vehicles only? If not, provide details:	
A:	
Q: Are the goods second-hand or new?	
A:	
Q: What Territorial/Geographical limits are required? (Within RSA only?)	
A:	
Q: What maximum limit any one conveyance or vehicle is required?	
A:	
Q: What is the policy basis of valuation? (Could be Invoice Price, Selling Price etc.)	
A:	
Q: Does the insured want to include returned goods? (Applies to goods returned from purchaser/buyer)	
A:	



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### SECTION B: RISK DETAILS CONTINUED

Q: Does the insured want to include samples? (What is the basis of valuation for this? Could be, Cost Price, List Price, etc.)

A:

Q: Has the insured covered these goods before, and if so, have they had any claims? (Require 3 years claims experience please)

A:

### SECTION C: TURNOVERS / ANNUAL CARRY

What are the insured's annual turnovers for:

Goods In Transit:

Inter-Branch Transfers:

### SECTION D: PREMIUM PAYMENT

Does the insured require the policy to be on an: (Please select one)

Annual premium payable up front on a Minimum and Deposit basis

Monthly basis

### SECTION E: DECLARATION AND CONSENT

#### DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

#### GENERAL POPI CONSENT CLAUSE

By providing the information on your proposal/ request for insurance, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a quote be issued and accepted following the completion of this proposal form,

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE:

Thank you for taking the time to complete this proposal form.