



TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: 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

CARGO PROPOSAL FORM – ANNUAL POLICY

SECTION A: INSURED'S DETAILS	
COMPANY NAME:	
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 containers (fully enclosed) or break-bulk (in cartons or crates but not in containers)?	
A:	
Q: Are the goods second-hand or new?	
A:	
Q: Are the goods imported into the RSA or exported to overseas destinations?	
A:	
Q: If imported, which countries do the goods originate from and which SA port are they destined for?	
A:	
Q: If exported, to which countries are the goods destined for and which SA port do they depart from?	
A:	
Q: Does the insured elect to store goods, other than in the normal course of transit? If so, please provide details.	
A:	
Q: What maximum limit is required for any one shipment?	
A:	



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SECTION B: RISK DETAILS CONTINUED

Q: What is the import policy basis of valuation? (Could be Free on Board (FOB), Landed Cost or Delivered Cost + a percentage mark-up – but this varies according to the insured's needs)

A:

Q: What is the export policy basis of valuation? (Normally it's Cost Insurance and Freight (CIF) +10%)

A:

Q: Does the insured require local goods in transit cover? If so, what policy limit is required?

A:

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

A:

SECTION C: TURNOVERS / ANNUAL CARRY

What are the insured's annual turnovers for:

Import:

Export:

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 Min and Deposit basis

Annual – on a monthly declaration basis



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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.