

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, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za**CARGO PROPOSAL FORM – ONCE OFF POLICY**

SECTION A - INSURED'S DETAILS					
CLIENT NAME:					
VAT REGISTRATION NUMBER:					
COMPANY REGISTRATION NUMBER:					
REGISTERED ADDRESS:					
INSURANCE BROKER:					
SECTION B - RISK DETAILS					
SUBJECT MATTER					
What goods are to be insured?					
What is the value of the goods being insured?	R				
How are the goods packed?	Professionally	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Are the goods containerised?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If "Yes" please provide below:					
FCL (Full Container Load)	<input type="checkbox"/>	LCL (Less than container Load)	<input type="checkbox"/>		
Break-bulk (in cartons or crates or loose)?					
Cartons	<input type="checkbox"/>	Crates	<input checked="" type="checkbox"/>	Loose	<input type="checkbox"/>
Are the goods second-hand or new?					
Second Hand	<input type="checkbox"/>	New	<input type="checkbox"/>		
Does the cargo belong to the above client?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
IMPORT AND/OR EXPORT					
VOYAGE					
Are the goods being imported into the RSA or exported to an overseas destination?					
Import	<input type="checkbox"/>	Export	<input type="checkbox"/>		
CONVEYANCE					
What are the methods of transport used for the Import/Export?					
FCL (door to door)	<input type="checkbox"/>	FCL (to container depot)	<input type="checkbox"/>		
LCL	<input type="checkbox"/>	Airfreight	<input type="checkbox"/>		
Breakbulk	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Please provide the conveyance details:					
Date of departure:			Date of arrival:		
From:			To:		
Will there be any transshipments other than customary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
BASIS OF VALUATION					
What are the terms of sale (Incoterms)?					
IMPORTS			EXPORTS		
Free on Board (FOB)	<input type="checkbox"/>	Cost Insurance and Freight (CIF) plus 10%	<input type="checkbox"/>		
Landed Cost	<input type="checkbox"/>	Other	<input type="checkbox"/>		
If "Other" please specify method?					

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SECTION C - DECLARATION AND CONSENT

DECLARATION

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

GENERAL POPI CONSENT CLAUSE

By submitting this proposal, **I/We** consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.

I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.

I/We understand that **I/We** may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.

Where direct marketing is applicable, **I/We** understand it will only be sent if **I/We** provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.

NAME OF SIGNATORY:	
SIGNATURE:	DATE:

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