

**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](mailto:info@trimarine.co.za)

## INLAND TRANSIT (OWN GOODS) PROPOSAL FORM – ANNUAL 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?					
How are the goods packed?		Professionally	<input type="checkbox"/>	Other	<input type="checkbox"/>
Type of Packaging:	Cartons <input type="checkbox"/>	On Pallets	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please specify:					
Are the goods containerised (Fully Enclosed)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", are they in?	FCL (Full Container Load)	<input type="checkbox"/>	LCL (Less than container Load)	<input type="checkbox"/>	
Are the goods second-hand or new?		Second-Hand	<input type="checkbox"/>	New	<input type="checkbox"/>
INLAND TRANSIT					
VOYAGE					
What Territorial/Geographical limits are required? (Within RSA only?)					
What is the maximum limit required for any one conveyance or vehicle?					R
Does the insured use their own vehicles only? If not, provide details:			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If not, please provide details:					
What type of transit cover is required (Please tick)					
Local Sales (Transits Out)	<input type="checkbox"/>	Returned Goods	<input type="checkbox"/>		
Interoffice/Branch Transfers	<input type="checkbox"/>	Goods Taken in For Repair	<input type="checkbox"/>		
Local Purchases (Transits In)	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>		
Does the insured want to include samples?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
CONVEYANCE					
What are the methods of transport and what is the percentage of each?					
Road (Own Vehicles)	<input type="checkbox"/>	%	Road (Sub-Contractors)	<input type="checkbox"/>	%
Rail	<input type="checkbox"/>	%	Airfreight	<input type="checkbox"/>	%
Other (Please Specify)	<input type="checkbox"/>	%			
If goods are transported by road or rail i.e. in trucks, please specify the following:					
Fully Enclosed	<input type="checkbox"/>	Flat Bed	<input type="checkbox"/>		
Open	<input type="checkbox"/>	Tarpaulin	<input type="checkbox"/>		

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If none of the abovementioned methods apply, please describe how the goods are transported.			
<b>BASIS OF VALUATION</b>			
What is the policy Basis of Valuation (BOV)?			
Selling Price	<input type="checkbox"/>	Invoice "Cost" Price	<input type="checkbox"/>
Secondhand Replacement Value	<input type="checkbox"/>	Other	<input type="checkbox"/>
If "Other" please specify:			
<b>SECTION C: CLAIMS EXPERIENCE</b>			
Has the insured covered these goods before?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", have they had any claims?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" we require 3 years claims experience, please.			
<b>SECTION D: TURNOVERS / ANNUAL CARRY</b>			
<b>Please select option for anticipated figures:</b>	<b>TURNOVER</b>	<b>ANNUAL CARRY</b>	<b>TOTAL</b>
Goods In Transit:	<input type="checkbox"/>	<input type="checkbox"/>	R
Inter-Branch Transfers:	<input type="checkbox"/>	<input type="checkbox"/>	R
<b>SECTION E: PREMIUM PAYMENT</b>			
<b>Please select one:</b>			
Annual – Premium payable up front on a minimum and deposit basis			<input type="checkbox"/>
Annual – Premium payable on a monthly minimum and deposit basis			<input type="checkbox"/>
<b>SECTION F: DECLARATION AND CONSENT</b>			
<b>DECLARATION</b>			
<p><b>I/We</b> declare that the information and answers given in this form are true to the best of <b>my/our</b> knowledge and belief and that <b>I/We</b> have not mis-stated or suppressed any material facts that might influence the assessment of the risk. <b>I/We</b> also understand that the completion of this form does not bind insurers or mean <b>I/We</b> will accept this insurance but, if terms are agreed, it will form part of the contract.</p>			
<b>GENERAL POPI CONSENT CLAUSE</b>			
<p>By submitting this proposal, <b>I/We</b> 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.</p>			
<p><b>I/We</b> 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.</p>			
<p><b>I/We</b> understand that <b>I/We</b> 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.</p>			
<p>Where direct marketing is applicable, <b>I/We</b> understand it will only be sent if <b>I/We</b> provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.</p>			
NAME OF SIGNATORY:			
SIGNATURE:		DATE:	

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