

**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, 7708.

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)**INLAND TRANSIT 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					
What goods are to be insured?					
What is the value of the goods they want to insure?					R
How are the goods packed?		Professionally	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Type of Packaging:	Cartons <input type="checkbox"/>	On Pallets	<input type="checkbox"/>	Other	<input type="checkbox"/>
Are the goods containerised		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", are they?	FCL (Full Container Load) <input type="checkbox"/>	LCL (Less than container Load)	<input type="checkbox"/>		<input type="checkbox"/>
Are the goods second-hand or new?		Second-Hand	<input type="checkbox"/>	New	<input type="checkbox"/>
How are the goods transported?					
Open Trucks/Vehicle		<input type="checkbox"/>	Enclosed Trucks/Vehicles		<input type="checkbox"/>
Does the cargo belong to the above client? (Please tick):		Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What means of conveyance will be used? (Air, Rail, Road, Post or combination):					
Air	<input type="checkbox"/>	Rail	<input type="checkbox"/>	Road	<input type="checkbox"/>
<b>Please provide the conveyance details:</b>					
Date of departure:		Date of arrival:			
From:		To:			
SECTION C – DECLARATION AND CONSENT					
<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:			

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