

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

TRANSPORTER (THIRD PARTY GOODS) PROPOSAL FORM ANNUAL POLICY

SECTION A: INSURED'S DETAILS					
COMPANY NAME:					
COMPANY VAT NUMBER:					
COMPANY REGISTRATION NUMBER:					
REGISTERED ADDRESS:					
INSURANCE BROKER:					
SECTION B: RISK DETAILS					
SUBJECT MATTER					
Is this insurance being sought on behalf of the transporters clients or is Carrier Liability cover required?					
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 type="checkbox"/>	Loose	<input type="checkbox"/>
Are the goods second-hand or new?					
New	<input type="checkbox"/>	Second Hand	<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"/>
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					
Does the insured use their own vehicles only? If "No", please specify below			Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
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:					

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Fully Enclosed	<input type="checkbox"/>	Flat Bed	<input type="checkbox"/>
Open	<input type="checkbox"/>	Tarpaulin	<input type="checkbox"/>
If none of the abovementioned methods apply, please describe how the goods are transported.			
IMPORT AND/OR EXPORT			
VOYAGE			
Are the goods imported into the RSA or exported to overseas destinations or both?			
Import	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import Limit Required:	R	Export Limit Required:	R
If "Imported", which countries do the goods originate from and which SA port are they destined for?			
Country Of Origination		SA Port "Arrival"	
If "Exported", to which countries are the goods destined for and which SA port do they depart from?			
SA Port "Departure"		Country Of Destination	
Does the insured elect to store goods, other than in the normal course of transit?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" are these goods already insured?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If you require the stored goods to be insured, please contact your broker for an additional questionnaire			
CONVEYANCE			
What are the methods of transport used for Import and Export and what is the percentage of each?			
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"/>
If "Other" please specify:			
BASIS OF VALUATION			
What is the Import policy basis of valuation?			
Free on Board (FOB)	<input type="checkbox"/>		
Landed Cost	<input type="checkbox"/>		
Delivered Cost plus a percentage mark-up	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
If "Other" please specify method?			
What is the Export policy basis of valuation?			
Cost Insurance and Freight (CIF) plus 10%	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
If "Other" please specify method?			

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BASIS OF VALUATION			
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:			
SECTION C: CLAIMS EXPERIENCE			
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" please provide 3 years claims experience			
SECTION D: TURNOVERS / ANNUAL CARRY			
Please select options for anticipated figures:	Annual Carry	Turnover	Total
Import:	<input type="checkbox"/>	<input type="checkbox"/>	R
Export:	<input type="checkbox"/>	<input type="checkbox"/>	R
Goods In Transit:	<input type="checkbox"/>	<input type="checkbox"/>	R
Inter Branch Transfers:	<input type="checkbox"/>	<input type="checkbox"/>	R
SECTION E: PREMIUM PAYMENT			
Please select one:			
Annual – Premium payable up front on a minimum and deposit basis	<input type="checkbox"/>		
Annual – On a monthly declaration basis	<input type="checkbox"/>		
SECTION F: DECLARATION AND CONSENT			
<p>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.</p> <p>GENERAL POPIA 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
NAME OF SIGNATORY:			
SIGNATURE:		DATE:	

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