

PROPOSAL FORM OF INLAND TRANSIT INSURANCE

Currency: USD VND Exchange Rate: 1 USD = VND Policy Version ENG. VN

Policy No.:		Renewal Policy No.:		Copies of Policy	Copies of Statement		
				Original:	Original:		
				Duplicate:	Duplicate:		
Name of Insured:			Reg. No.: □□□□□□□□□□				
Name of Beneficiary:							
Address of Insured:			Tel:				
Conveyance:			Leaving Date on/about:				
Route of Transit: From _____ To _____							
Estimated Revenue:							
Subject Matter Insured: □□□□							
Warranted subject-matter insured are New Goods unless otherwise specified.							
Condition of Subject Matter Insured: <input type="checkbox"/> Used Good <input type="checkbox"/> Return Cargo							
Invoice No.:			L/C No.:				
Period of Insurance: From ___ / ___ / ___ To ___ / ___ / ___ (dd/mm/yy) Noon to Noon, Local Time							
Loss Record: <input type="checkbox"/> No, <input type="checkbox"/> Yes, if any _____							
Insured Items	Sum Insured	Deductible	Premium				
Any one accident							
Any one transit							
In aggregate							
Minimum and Deposit Premium:							
Total Premium:							
Additional Clauses:							
Deductible							
Signature of Insured:			Date of Application: ___ / ___ / ___ (dd/mm/yyyy)				
Signature of Broker/Agent:							
General Director	Director	Manager	Underwriter	FAC	Check	Key In	Broker/Agent & Commission

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