



MARINE DECLARATION FORM

Policy no/cover no: _____ Declaration no : _____

Date : _____ Date : _____

Consignment Despatch Details:

From _____ To _____

Transhipment if any _____

Claims Payable at _____

Mode of conveyance: _____

LC/Order/Invoice No. _____

Bank's Name _____

Bill of Landing or LR or RR or AWB No. & Date _____

Consignment Note Details:

Marks of the Consignment: _____

Quantity of the Consignment: _____

Description of consignment: _____

Risk covered required:
(same as per policy for open covers) _____

Value of consignment:
(Value as per country of origin) _____

Value of Consignment:
(Value as per Country of Destination) _____

Contract of Sale : CIF / FOB / C&F / Ex-Works _____

Basis of Valuation: _____

Packing Details: _____

Special Instruction if any: _____

Name of Submitting Organisation _____

For Office Use Only:

Total Value of Policy: _____

Value of this Declaration: _____

Balance after Accounting of this Declaration: _____

Premium value for this Declaration: _____

Name of Agent/Broker: _____