

LAND TRANSIT INSURANCE PROPOSAL FORM

Date Proposal Ref.No.:

Name of Bank.....

L/c. or Doc. No.....

Assured: M/s.

Cargo Details.....

Weight..... **Packing**..... No. of Cartons.....

Land Transit :by (**Truck/Trailer/Van/Pickup/Train**).

Conveyance: Veh. No. & Make Name of driver Nationality & ID #
.....

Way Bill No. (if available)..... Origin of goods.....

Voyage from..... **Via**..... **To**.....

Date of departure.....

Conditions of Insurance:
(Road Risks Only / All Risks / Reefer Cargo)

Basis of Invoice Value (CIF/C&F/CPT/Ins. Value)

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Sum Insured:

CIF/C&F/CPT/Ins. Value :

+ 10 % :.....

@ Exchange : SAR.....

Signed.....

Assured