



NECOINSURANCE LTD.

Head Office: Nawa Durga Bhawan, Anamnagar, P.O.Box: 12271, Kathmandu, Nepal
Tel: 977-1-4770415, Fax: 977-1-4770162, E-mail: info@necoinsurance.com.np, Web: www.necoinsurance.com.np

MARINE INSURANCE QUESTIONNAIRE FORM

| | | | | |
|-------------------------------|--|---|---------------|--|
| 1. | Name | | | |
| 2. | Address | | | |
| 3. | Description of Goods to be insured: | | | |
| 4. | Place where goods were originally manufactured: | | | |
| 5. | Details of Packing: | | | |
| DETAILS OF VOYAGE OR TRANSIT: | | | | |
| 6. | i. | From: | | |
| | ii. | To: | | |
| | iii. | Mode of transit (by Sea / Air / Rail / Road): | | |
| | iv. | In case of Sea Voyage, name of the vessel: | | |
| | v. | Invoice No. | Invoice Date: | |
| | vi. | L/C No. | L/CDate: | |
| | vii. | B/L No./C/N No./AW/B No./R/R No.& Date: | | |
| 7. | Estimated Date of Departure: | | | |
| SUM INSURED | | | | |
| 8. | i. | Invoice value: | | |
| | ii. | Tolerance Limit (If any): | | |
| | iii. | Incremental Costs (Expressed as a percentage of Invoice value): | | |
| | iv. | Duty (Duty amount payable on arrival): | | |
| 9. | Type of Insurance Cover required (All Risk / Basic Risk / Minimum Risk): | | | |
| 10. | Additional Cover required: | | | |
| 11. | How long has proposer previously been handling this type of business: | | | |

(The liability of Necoinsurance Ltd. does not commence until the Policy is issued by the Company and Premium paid)

I/We, the undersigned hereby declare that the above statements and particulars are true and complete to the best of my/our knowledge.

Date:

Name of Office:

Agency:

.....

Signature

Official Seal