



general insurance

SMARTCARGO OPEN POLICY (EXPORTS)

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate MCO
 (Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Name Code
 Branch Code
 Manager's Name Code
 Campaign Name Code

PROPOSER'S DETAILS

Name of the Proposer/Applicant
 Address
 Pin code State
 Telephone No. Fax No.
 E-mail ID
 Nature of Business
 Years in Trade/Business
 Subject matter / Cargo / Merchandise to be insured: New Used Reconditioned
 Description _____
 Sale Terms: (CIF/FOB/CFR/CIP/DDU/DDP/DEQ/DAF/DES/FAS etc.) _____
 Method of Shipment: Sea Air Rail Road Post Parcel Courier
 Others (Please specify) _____
 Packing details (such as drums, bundles, cartons/crates/bags etc.)
 Are containers used? Yes No
 If Yes, the containers are FCL LCL Reefer Others (Please specify) _____
 If FCL:
 a) Who packs the containers? Shipper Carrier Others (Please specify) _____
 b) Where is the container normally destuffed? Port of discharge Your/Consignee's Warehouse
 Others (Please specify) _____
 Voyage: From To
 Countries to which goods are exported, primarily: _____
 Estimated Annual Turnover

Limits:

Limit per Location (in the ordinary course of transit) _____

Maximum value shipped per:

- Truck/Road vehicle _____
- Rail _____
- Air _____
- Ocean Going Vessel _____
- Courier _____
- Post Parcel _____
- Other (Please specify) _____

** Maximum value shipped is the maximum value of the merchandise on any one Truck/Road Vehicle/Rail/ Air/Ocean Going Vessel/ Courier/ Post Parcel etc.

Basis of Valuation _____

Period of Insurance: From [D][D][M][M][Y][Y][Y][Y] To [D][D][M][M][Y][Y][Y][Y]

Insuring Terms required: All Risks Named Perils/Basic Cover War & SRCC SRCC

Extension, if any. Please give details _____

Any special agreement with the Carriers that may limit liability? Yes No

If yes, please describe _____

Any other information relevant for the proposed insurance.

In the past 5 years, has your Policy been cancelled by any Insurer? Yes No

If Yes, please give details _____

PREVIOUS INSURANCE PARTICULARS & CLAIMS EXPERIENCE

Year	Premium Paid	Claims Received (1)	Outstanding (2)	Total (1+2)	Cause of Loss	No. of Claims	Insuring Conditions	Underwriters/ Insurer

**In case of a large claim please give details. _____

DECLARATION

I/We hereby declare that the statements, answers and particulars are true to my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided are the basis on which the insurance is being granted and that if, after the insurance is effected it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, then Bharti AXA General Insurance Co. Ltd., the Insurers, shall have no liability under the insurance.

If any additions/alterations are carried out in the risk proposed after the submission of this Proposal form then the same should be conveyed to the Insurers immediately.

Date: _____

Place: _____

Proposer's Signature

SECTION 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES

1. No person shall allow or offer, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy; nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

Insurance is the subject matter of the solicitation.