

**GOODS IN TRANSIT - DATA SHEET**

<b><u>CONTACT DETAILS</u></b>					
Company Name	:				
Address	:				
Business	:				
Telephone No	:		Fax No.		Email
Contact Person	:			Designation	

<b><u>DETAILS OF COVER</u></b>	
Interest (Description of Goods)	
Geographical Area	
Conveyance by	<input type="checkbox"/> Own Vehicles <input type="checkbox"/> Hired Vehicles <input type="checkbox"/> Others (Please Specify)
Packing details	<input type="checkbox"/> Closed containers <input type="checkbox"/> Open trucks <input type="checkbox"/> Others (Please Specify)
Limit per Transit	
Estimated Annual Turnover	

<b><u>OTHER DETAILS</u></b>		
Existing Insurance Co.	:	
Preferred Insurance Co.	:	
Claims Experience for last 3 years	:	