

MARINE DECLARATION

CLIENTS NAME :

INSURED :

NAME OF THE BANK :

MERCHANDISE :

Mode of Shipment : FCL / LCL / Break-bulk / Air/ Road

Name of The Vessel / Truck No. :

Driver Name :

Voyage : From _____ To _____

Date of Shipment : Estimated time of Departure: _____
Estimated time of Arrival: _____

Amount For Insurance : _____ + C&F(10%) / FOB(20%) =

Cover As Per : ICC(A) or ICC (C) + ND, WAR + SRCC

Through Bill of Lading : Yes / No

Invoice No. / B/L No. /AWB No. / Reference No. :

Remarks, if any

Date _____ **Signature** _____