

**Marine Cargo Insurance - Work Sheet**

|              |                                  |  |   |
|--------------|----------------------------------|--|---|
| 1. Insured   | Name                             | :  | .....   |
|              | Address                          | :  | .....   |
|              | Business                         | :  | .....   |
|              | Period                           | :  | .....   |
| 2. Interest  | Type of Cargo                    | :  | .....   |
|              |                                  | :  | .....   |
|              | Packing                          | :  | .....   |
|              | Invoice Value                    | :  | .....   |
|              | Sum Insured                      | :  | .....   |
| 3. Container | Size of Container                | :  | .....   |
|              | Container No                     | :  | .....   |
|              | CTN Serial No./Seal No:          | :  | .....   |
| 4. Vessel    | Name                             | :  | .....   |
|              | Age                              | :  | .....   |
|              | Tonnage                          | :  | .....   |
|              | Flag                             | :  | .....   |
| 5. Voyage    | Departure from                   | :  | .....   |
|              | Destination at                   | :  | .....   |
|              | Transship at                     | :  | .....   |
|              | ETD                              | :  | .....   |
|              | ETA                              | :  | .....   |
| 6. Coverage  | <input type="checkbox"/> ICC "A" | <input type="checkbox"/> Institute War Clause "Cargo"    |   |
|              | <input type="checkbox"/> ICC "B" | <input type="checkbox"/> Institute Strike Clause "Cargo" |   |
|              | <input type="checkbox"/> ICC "C" | <input type="checkbox"/> Institute Cargo Clause "By Air" |   |
|              |                                  | <input type="checkbox"/> Inland transit by road          | <input type="checkbox"/> FPA <input type="checkbox"/> All Risks |

|                        |                  |   |
|------------------------|------------------|---|
| Excess: .....          | Premium: .....   | Cession to Cambodian Re: .....<br>.....<br>.....<br>..... |
| Terms Condition: ..... |                  |   |
| Remarks: .....         |                  |   |
| Office Phone: .....    | Fax: .....       | Email: .....  |
| Contact Person: .....  |                  | Tel: .....  |
| Recorded by: .....     | Account #: ..... | Date: ..... / ..... / .....                               |