

ORIENT INSURANCE LIMITED PROPOSAL FORM - GOODS-IN-TRANSIT

INFORMATION

This proposal form is for insuring Goods-in-Transit within Sri Lanka by road and/or rail. Fire and Burglary insurance is available to cover goods stored in warehouses whilst goods imported or exported should be covered by a Marine Insurance Policy.

QUESTIONS 1 TO 11 BELOW TO BE ANSWERED BY ALL PROPOSERS

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| | | | |
| 1. Name of Proposer : | | | |

- 2. Business Address :
- 3. VAT/SVAT no (if any):
- 4. Description of Trade:
- 5. Period of cover :
- 6. Type of goods transported :
- 7. Mode of transport (i.e.: road or rail):
- 8. The under mentioned particulars of your carryings in the twelve months immediately preceding the date of this proposal

| Dispatched by | Percentage of total carried by % | Maximum value of any one package Rs. | Maximum total value of any one consignment dispatched at any one time in any one vehicle Rs. |
|------------------|----------------------------------|--------------------------------------|--|
| 1. Railway | 10 | | |
| 2. Own Vehicles | | | |
| 3. Hired Vehicle | 100 | | |

9. Estimated total value of the goods to be carried for the twelve months immediately after the date of this proposal :

| 10. | On what basis have the values stated in 6 and 7 above been arrived at (e.g. market value, invoice value etc.) |
|-----|--|
| 11. | The sum insured (limit of indemnity) required by you for any one consignment in any one Vehicle: |
| 12. | Have any goods transported by you in your own Vehicle or in any other Vehicle as owner of the goods or as a carrier for hire or reward been lost or damaged in the three years immediately preceding the date of this proposal. If yes please state: |
| | i. Dated of loss or damage and how caused : |
| | ii. Quantum of loss : |

- 13. Has any insurer in respect of any insurance; declined the insurance, cancelled an existing policy or refused renewal of a policy: If yes please state:
 - i. Name of Insurer
 - ii. Type of policy and policy number
 - Please let us know imposed special terms and conditions for insuring or continuing to insure including renewal of an existing policy:
- 14. Will the Vehicle(s) carrying goods be left unattended overnight? If yes please state:
 - i. Where the Vehicle(s) will be garaged or parked
 - ii. What precautions will be taken to prevent loss or damage to Vehicle(s) and the goods:

NO 13 TO 16 BELOW SHOULD BE ANSWERED ONLY IF YOU TRANSPORT GOODS FOR HIRE OR REWARD

- 15. Are goods carried by you are subject to any Conditions of Carriage? If yes please attach a copy of these Conditions :
- 16. What is your Unit rate for hire?
- 17. Your actual earnings from goods carried during the 12 months immediately preceding the date of this proposal :
- 18. Your estimated earnings from goods carried during the 12 months immediately after the date of this proposal :

NO 17 AND 18 BELOW SHOULD BE ANSWERED ONLY IF YOU TRANSPORT YOUR OWN GOODS

19. If you transport goods by road please state whether you will use:

| Own | Hired | Both Own and Hired |
|-----|-------|--------------------|
| | | |

- 20. If you use hired Vehicles is there a Contract of Carriage between yourself and the hirer? If yes please attach a copy.
- 19. Number of policy copies required

I/We hereby warrant that the above answers are true and complete and that I/We have withheld no information whatever material to this proposal. I/We agree that this proposal and declaration is the truth and completeness of the answers herein shall be the basis of the contract between me/us and Orient Insurance Limited. If the answer/s now given by me/us cease to be true and/or complete I/We undertake to give immediate notification to the Company. I/We further agree to accept a Policy subject to the terms and conditions prescribed by the Company therein.

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|-----------------------|---|----------|----|----------|--|

Date:

The insurance cover does not commence until the premium has been paid and acceptance confirmed by the Company in writing.