



# दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड THE ORIENTAL INSURANCE COMPANY LIMITED

CBO-16, 3rd Floor, Jeevan Vihar Bldg., Parliament Street, New Delhi-110001  
Tel. : 23364043 / 23344465 Telefax : 23364137

Code : 215601

## TRANSIT INSURANCE PROPOSAL FORM

Please issue us an Open Policy/Specific Policy for Rs. .... on basis of valuation ..... as mentioned :-

1. Name of Assured : .....
2. Address : .....
3. Description of Goods : .....
4. Details of Packing : .....
5. Voyage : ..... From : ..... To : .....
6. Name of Vessel : .....
7. Mode of Transit : .....
8. GR/BL/AW No. & Date : .....
9. Limit per any one Sending : .....
10. Type of Cover Required : .....
11. Claim Experience if any : .....

We hereby undertake to declare each and every consignment under the open Policy. If, however, no declaration is made we will have no claim for the refund of premium.

Place :

Date :

Signature with Name and  
Address of the Declarant

### PREMIUM COMPUTATION

Accepted by: .....

Date : .....

Marine @	Rs. ....
War & SRCC	Rs. ....
Total	Rs. ....
Service Tax	Rs. ....
Stamp Duty	Rs. ....
Total	Rs. ....