

## NAVIGATE CARGO QUESTIONNAIRE (ONE OFF)

Insured / Proposer: \_\_\_\_\_

Insured Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Company Registration / ID No. \_\_\_\_\_

Company VAT No. \_\_\_\_\_

**Subject Matter** - Kindly provide us with a detailed description of the cargo to be insured:

\_\_\_\_\_

**Subject Matter Condition** - Is the subject matter [Tick appropriate box]

Brand New  Second-hand  Reconditioned  Refurbished

**Method of Packing** - Is the subject matter [Tick appropriate box]

Cartons  Cases  Bags  Other

If OTHER, provide details \_\_\_\_\_

\_\_\_\_\_

**If containerised, please indicate whether**

FCL (Full Container Loads)  LCL (Less than container loads)

**Insured Value** \_\_\_\_\_

**Method of Conveyance** - What is the method of conveyance used by the client to transport the cargo? If multiple methods please indicate percentages.

Rail  Road  Sea Freight  Air freight

**Voyage** (Country, Port / Airport, Province / State, Town, Road, Building)

- From \_\_\_\_\_
- To \_\_\_\_\_
- Sailing or Departure Date \_\_\_\_\_

Any previous losses experienced in transporting this type of cargo YES  NO

If Yes, provide details (Value of loss and how loss occurred) \_\_\_\_\_  
\_\_\_\_\_

Completed By – Print Name: \_\_\_\_\_

The quotation / terms of this insurance are based on the information provided herein and by Signing this document I hereby declare that the details recorded herein are accurate and to the best of my knowledge.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_