



新華保險顧問有限公司

Sun Flower Insurance Brokers Limited

香港專業保險經紀協會會員

A MEMBER OF PROFESSIONAL INSURANCE BROKERS ASSOCIATION

致 To	
由 From	
電話 Phone	
日期 Date	

CARGO INSURANCE REQUEST FORM

貨物運輸保險報價申請表

NAME OF ASSURED 保戶名稱		NAME OF BANK(OR OTHER INTERESTED PARTY) 銀行或有關商號	
INSURED VALUE 保額		INDICATE INVOICE VALUE (FOB/C&F/CIF) 發票單額 (<input type="checkbox"/> Added 已加 / <input type="checkbox"/> Not added 未加 10%)	
VESSEL NAME/FLIGHT NUMBER 船名/航機編號		SAILING / DESPATCHING ON / ABOUT 啓航或付寄日期	
FROM 由		TO 至	
TRANSHIPMENT AT 轉 <input type="checkbox"/>		ULTIMATE DESTINATION 終點	
OR AIRLINE 或航空公司	AIRWAY BILL NO. 航空付貨單號碼	OR BY PARCEL/COURIER 或付郵寄或速遞	RECEIPT NO. 收據號碼
MARKS & NUMBERS 印記及號碼		DESCRIPTION OF GOODS 貨物及數量 (Please specify number of pkgs. and quantity of goods)	
		FOR OFFICE USE ONLY	
		Policy No:	
		Agent Code:	
		Client Code:	
		Rate: _____ % \$	
		Min : \$ _____	
		Dis: _____ % \$	
		Total:\$ _____	
		N.A.: _____ % \$	
		Min : \$ _____	
		N.P.: _____ % \$	
		Min : \$ _____	
PLEASE TICK NATURE OF SHIPMENT AS APPROPRIATE:			
<input type="checkbox"/> FULL CONTAINER LOAD (CLOSED HARD TOP)	<input type="checkbox"/> FULL CONTAINER LOAD (OPEN TOP)	<input type="checkbox"/> LESS CONTAINER LOAD (CFS CONSOLIDATED CONTAINER)	
<input type="checkbox"/> CONVENTIONAL SHIPMENT	<input type="checkbox"/> CHARTERED VESSEL	<input type="checkbox"/> BULK SHIPMENT	
<input type="checkbox"/> ON DECK SHIPMENT	<input type="checkbox"/> UNDER DECK SHIPMENT	<input type="checkbox"/> BY BARGE/LIGHTER	
COVER REQUIRED			
<input type="checkbox"/> INSTITUTE CARGO CLAUSES (A)/(AIR) (INCLUDING BREAKAGE)			
<input type="checkbox"/> INSTITUTE CARGO CLAUSES (A)/(AIR) (EXCLUDING BREAKAGE)			
<input type="checkbox"/> INSTITUTE CARGO CLAUSES (B)			
<input type="checkbox"/> INSTITUTE CARGO CLAUSES (C)			
<input type="checkbox"/> INSTITUTE WAR CLAUSES			
<input type="checkbox"/> INSTITUTE STRIKES CLAUSES			
<input type="checkbox"/> INSTITUTE THEFT, PILFERAGE AND NON DELIVERY CLAUSE			
<input type="checkbox"/> COMPUTER MILLENNIUM CLAUSE (CARGO)			
<input type="checkbox"/> OTHERS (Please Specify)		CLAIMS, IF ANY PAYABLE AT 賠款地點	
Policy required: 保單須		SIGNATURE OF APPLICANT 投保者簽名及蓋章	
Original 正本 <input type="checkbox"/>			
Duplicate 副本 <input type="checkbox"/>			
Triplicate 第三張 <input type="checkbox"/>			
Copies 底紙 <input type="checkbox"/>			
RE: COVER NOTE/OPEN POLICY NO.		DATE OF APPLICATION 投保日期	