

# MARINE CARGO ASSET INSURANCE DECLARATION

## Policyholder Details

Policyholder Name	_____
Address	_____
Contact Person	_____
Contact No. / Email	_____
Policy Number	_____

## Cargo & Transit Details

Declaration Date	_____
Description of Goods	_____
Quantity / Package Details	_____
Invoice Value (Currency)	_____
Vessel/Flight Name & No.	_____
Port of Loading	_____
Port of Discharge	_____
Estimated Departure Date	_____
Estimated Arrival Date	_____
Consignee	_____
Remarks (if any)	_____

## Declaration

I/we hereby declare that the above information is true and correct to the best of my/our knowledge. I/we agree that this declaration shall form the basis of the contract with the insurer, subject to the policy terms, conditions and exclusions.

Authorized Signatory:

\_\_\_\_\_

Date: \_\_\_\_\_

Company Stamp/Seal (if any):

\_\_\_\_\_

## Important Notes

- This declaration must be completed accurately and submitted prior to shipment departure.
- Ensure that all cargo details and values declared are consistent with shipping and commercial documents.
- Failure to disclose relevant information may affect the policy coverage.

- This document forms part of your Marine Cargo Asset Insurance policy record.
- For any change in shipment or destination, notify your insurer immediately.