

MARINE CARGO ASSET INSURANCE DECLARATION

Policyholder Details

Policyholder Name	<hr/>
Address	<hr/>
Contact Person	<hr/>
Contact No. / Email	<hr/>
Policy Number	<hr/>

Cargo & Transit Details

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

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.