

CRESCENT STAR INSURANCE LIMITED

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Website: www.cstarinsurance.com

MARINE CARGO (QUESTIONNAIRE)

DATED: _____

Name of the Proposer: _____

Address: _____

Phone: _____ Fax: _____

Name of the Banks (if any): _____ NTN : _____

Email Id : _____

INTEREST COVERED / COMMODITY:

TYPE OF PACKING: _____

CONTAINERISED: YES NO CONVEYANCE: _____

SHIPMENT FROM: _____ TO: _____

ESTIMATED ANNUAL TURNOVER Rs: _____

PER CARRY LIMIT: _____ No. of shipment (Annual) _____

EXISTING INSURER: _____

CLAIMS HISTORY:

Year	No. of Claims	Highest Value of single Claim	Total amount Claimed
2018			
2017			
2016			

DECLARATION

I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.

Signed at _____ Stamp & Signature of the Proposer _____

Dated _____ Name of Signatory _____