



## **PROPOSAL FORM FOR CARGO INSURANCE**

Trans Pacific Assurance Limited  
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**CARGO OPEN POLICY PROPOSAL**

**The Proposer**

Name .....

Address .....  
.....

Web Address .....

Telephone: ..... Facsimile .....

Subsidiary companies .....  
.....  
.....

Inception date for policy ..... /..... /.....

**Description of Goods**

Please give description of the goods to be insured

- New    Used    Chilled    Frozen    Fresh or perishable

.....  
.....  
.....

Are there any goods proposed for insurance which are not actually purchases or sales?

- Yes**    **No**

If yes, please explain

.....  
.....

.....  
.....  
**Packaging**

Full details of how goods are packed for shipment (including special written instructions to transport carriers)

.....  
.....  
.....  
.....

**Transport**

**Indicate approximately percentage by each method**

Imports      Sea .....%    Air ..... %    Post ..... %  
Exports      Sea .....%    Air ..... %    Post ..... %  
PNG Sendings Road/Rail .....%    Air ..... %    Post .....%

**Containerised**

Are goods containerised?     **Yes**     **No**

If yes, specify type of container

.....  
.....

FCL       LCL

If not containerised:  Pallet     Skid     Break bulk     Other (please specify)

.....

Are non-containerised goods **always** to be shipped under deck on vessels?     **Yes**    **No**

**Terms of Sale**

CFR/C&F    FOB    CIF    FIS    Other Incoterm/trade term (please specify)

.....  
.....

**Other Sales Terms**

Please specify (e.g. on consignment)

.....  
.....

**Transits**

**Countries of origin and destination to be shown**

Import: From .....

To.....

Export: To .....

From .....

**Pre-FOB Risks**

Do you wish to cover the goods 'Ex Works' until loaded on aircraft / vessel?    Yes    No

**NOTE: Goods exported on FOB / CFR or similar terms remain at your risk until loaded onto the overseas conveyance**

**Papua New Guinea Sendings**

Is cover required for sendings within PNG?  **Yes**  **No**

Are these sendings consigned as follows

• On Limited Carriers Risk Terms  **Yes**  **No**  
percentage ..... %

• At Owners Risk terms  **Yes**  **No**  
percentage ..... %

• Declared Value  **Yes**  **No**  
percentage ..... %

• On Declared terms  **Yes**  **No**  
percentage ..... %

If yes, please specify?

.....  
.....  
.....

• In own vehicles?  **Yes**  **No**  
percentage ..... %

**Limits of Liability Required**

Imports PGK ..... Maximum at risk any one conveyance

Exports PGK ..... Maximum at risk any one conveyance

PNG sendings PGK ..... Maximum at risk any one conveyance

PGK ..... Maximum at risk any one location

**Basis of Valuation**

Imports: Cost, freight plus .....% or specify  
.....

Exports: Cost, insurance, freight plus .....% or specify  
.....

PNG Sendings: Invoice cost to customer .....% or  
specify.....

Goods that are not purchases or sales

.....  
.....

Other .....

.....

**Values**

**Please ensure you include the % of plusage shown on the Basis of Valuation above, i.e. CIF + 10**

Value shipped past 12 months PGK.....

Estimate for next 12 months PGK.....

Imports excluding CIF purchases PGK.....

Exports excluding FOB & CFR sales PGK.....

Pre-FOB Risks (FOB & CFR sales) PGK.....

PNG sendings PGK.....

Total sales turnover/throughput PGK.....

**Details of Previous Losses**

DATE	DETAILS	AMOUNT

**Declaration**

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature ..... Date ..... / ..... / .....

Name & Position .....

**This insurance will not be in force until this proposal has been accepted by Trans Pacific Assurance Ltd.**