



Please complete this form in BLOCK CAPITALS and tick appropriate boxes.
Please forward or fax the completed form to your HSBC Relationship Manager or local AXA Office.

Company details

Company name: _____

Contact name: _____

Phone / Fax: _____	Email: _____
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Details of goods insured

Goods to be insured: _____

Type of packing:	<input type="checkbox"/> FCL	<input type="checkbox"/> Groupage / LCL	<input type="checkbox"/> Conventional
Maximum value: (Please state currency)	Any one: Vessel / Aircraft / Conveyance		Location (during transit):
Basis of valuation:	<input type="checkbox"/> C&F+10%	<input type="checkbox"/> FOB+20%	<input type="checkbox"/> Other
Estimated annual turnover: (Please state currency)	Imports	Exports	Goods in transit

Details of transportation

Mode of transport: Sea Air Road / Rail

If other, please state here: _____

Voyages	From: _____	To: _____
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Cover required

Type of cover: ICC (A) or Air/Land Transit 'All Risks' ICC (C) & ND ICC (C)/Land Transit FCO

If other, please state here: _____

Claims

Details of any claims in the past 3 years: _____

Declaration

I confirm that I have read the above Proposal Form and that to the best of my knowledge and belief the above particulars and answers are correct and complete in every respect, and I have not withheld any information which might influence the decision of Underwriters in regard to this proposal. I agree that this Proposal shall form the basis of Insurance issued by Underwriters, if a Policy be issued.

Signature of Insured/Authorised Representative of Insured: _____

Date: _____ DD MM YYYY