



HIMALAYAN GENERAL INSURANCE CO. LTD.

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MARINE INSURANCE QUESTIONNAIRE

- A. NAME : _____
- B. ADDRESS : _____
- C. SUBJECT MATTER
TO BE INSURED : _____
- D. MODE OF PACKING : _____
- E. SUM INSURED : _____
- F. B/L NO:/C/NO NO:/
INVOICE NO. : _____
- G. VOYAGE/JOURNEY : _____
- H. CONVEYANCE : _____
- I. ESTIMATED DATE
OF DEPARTURE : _____
- J. MAXIMUM VALUE OF
EACH CONSIGNMENT : _____
- K. TERMS OF INSURANCE
REQUIRED : _____
- L. CLAIMS EXPERIENCE : _____

DATE :

SIGNATURE :

Rate : Marine : Ward : SRCC:

Premium :

S.Tax :

S. Duty :

Total :