



恒信保險經紀有限公司

Hanson Insurance Brokers Limited

MARINE CARGO APPLICATION

NAME OF INSURED 客戶名稱		L/C NO.(IF ANY): 信用証號碼:																
AMOUNT INSURED 保額		POLICY REQUIRED: ORIGINAL : _____ DUPLICATE : _____ COPIES: _____																
CONVEYANCE : VESSEL NAME / FLIGHT NO. / PARCEL POST RECEIPT NO. 運輸工具		DEPARTURE DATE 啟航日期																
FROM 由	TO 至	TRANSHIPMET AT 轉運港																
MARKS & NUMBERS 嘜頭及號碼		DESCRIPTION & PACKING OF GOODS 貨物、數量及包裝																
CONDITIONS (保險條款): <table border="0"><tr><td><input type="checkbox"/> ICC (A)</td><td><input type="checkbox"/> ICC (AIR)</td><td><input type="checkbox"/> OTHERS (IF ANY, PLEASE SPECIFY)</td></tr><tr><td><input type="checkbox"/> ICC (B)</td><td><input type="checkbox"/> IWC (AIR CARGO)</td><td>_____</td></tr><tr><td><input type="checkbox"/> ICC (C)</td><td><input type="checkbox"/> IWS (AIR CARGO)</td><td>_____</td></tr><tr><td><input type="checkbox"/> IWC (CARGO)</td><td><input type="checkbox"/> TPND</td><td>_____</td></tr><tr><td><input type="checkbox"/> IWS (CARGO)</td><td><input type="checkbox"/> PARCEL POST</td><td></td></tr></table>				<input type="checkbox"/> ICC (A)	<input type="checkbox"/> ICC (AIR)	<input type="checkbox"/> OTHERS (IF ANY, PLEASE SPECIFY)	<input type="checkbox"/> ICC (B)	<input type="checkbox"/> IWC (AIR CARGO)	_____	<input type="checkbox"/> ICC (C)	<input type="checkbox"/> IWS (AIR CARGO)	_____	<input type="checkbox"/> IWC (CARGO)	<input type="checkbox"/> TPND	_____	<input type="checkbox"/> IWS (CARGO)	<input type="checkbox"/> PARCEL POST	
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<input type="checkbox"/> IWC (CARGO)	<input type="checkbox"/> TPND	_____																
<input type="checkbox"/> IWS (CARGO)	<input type="checkbox"/> PARCEL POST																	
CLAIMS, IF ANY, PAYABLE AT 賠款地點																		
APPLICANT'S CHOP & SIGNATURE 投保人蓋章及簽名																		
DATE OF APPLICATION 投保日期																		

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE ACCEPTABLE OF THE PROPOSAL HAS BEEN INTIMATED BY THE COMPANY