



general insurance

SMARTCARGO OPEN POLICY (INLAND TRANSIT)

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

MCO

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Name Code

Branch Code

Manager's Name Code

Campaign Name Code

PROPOSER'S DETAILS

Name of the Proposer/ Applicant

Address

Pin Code State

Telephone No. Fax No.

E-mail ID

Nature of Business

Years in Trade/Business

Subject matter / Cargo / Merchandise to be insured: New Used Reconditioned

Description

Method of Shipment: Air Rail Road Post Parcel Courier
 Others (Please specify)

Packing details (such as drums, bundles, cartons/crates/bags etc.)

Voyage: From To

Estimated Annual Turnover

