

Renewal period  Y  Y  Y  Y -  Y  Y  Y  Y

Please tick:  Renew based on the last declaration  
 Renew and follow the below declaration

1. Subsidiary/affiliate companies to be named in the same policy, if any changes

2. Estimate GFR for renewal period  
 (GFR = All business transaction LESS payments to subcontractors LESS customs duty & LESS sales tax. Please add the payment to subcontractors if your company has a subcontract to a third party)

RM

\*Reason of changes of GFR (if any) and no. staff and vehicle  
 This part only be applicable when GFR amount different from last year declaration

3. Freight forwarding activities to be insured (total 100% with GFR declared) :

Services	%		%
Seafreight	<input type="text"/>	Packing	<input type="text"/>
Airfreight	<input type="text"/>	Customs clearance	<input type="text"/>
Warehousing	<input type="text"/>	Trucking	<input type="text"/>

4. Percentage % of GFR for these commodities : (total 100%)

Commodity					
Electronic goods	<input type="text"/>	Project cargo	<input type="text"/>	Valuable cargo	<input type="text"/>
Dangerous goods	<input type="text"/>	Bulk cargo	<input type="text"/>	Refrigerated cargo	<input type="text"/>
				General cargo	<input type="text"/>

5. Do you issue any house transport documents?

- (a) House Bill of Lading  Yes  No  
 (b) House Air Way Bill  Yes  No  
 (c) Other house transport document  Yes  No

[Attach File](#)

6. Please update :

(a) Date company established - dd/mm/yyyy

Name of the company

Street address

City / Town

Postcode

State

Country

Phone number

(b) Total number of employees

(c) Number and type of vehicle owned/leased/operated for carrying cargo

(d) Warehouse address if there is any change/relocation

Information needed on EACH warehouse contracted for storage usage more than 3 months (and also other new warehouse owned/leased/managed that not declared before).

Please also specify each warehouse is owned/leased/managed/third party warehouse. Example as per below

**1st LOCATION** Owned  Leased  Managed  Third party

Estimated GFR

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system :  No  Yes

CCTV :  No  Yes

Security guards (24hrs/7days) :  No  Yes

Fire extinguisher :  No  Yes

Any sprinkler :  No  Yes

Flood-prone area :  No  Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied :  sqm

**2nd LOCATION** Owned  Leased  Managed  Third party

Estimated GFR

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system :  No  Yes

CCTV :  No  Yes

Security guards (24hrs/7days) :  No  Yes

Fire extinguisher :  No  Yes

Any sprinkler :  No  Yes

Flood-prone area :  No  Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied :  sqm

**3rd LOCATION** Owned  Leased  Managed  Third party

Estimated GFR

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system :  No  Yes

CCTV :  No  Yes

Security guards (24hrs/7days) :  No  Yes

Fire extinguisher :  No  Yes

Any sprinkler :  No  Yes

Flood-prone area :  No  Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied :  sqm

Note : If you will use warehouse storage for more than 3 months, please declare the contents.

7. Do you charter vessels or aircraft? (excluded in the policy)  Yes  No

8. Any optional cover required?

- (a) Uncollected Cargo  Yes  No  
 (b) Fidelity Guarantee (FG)  Yes  No  
 (c) Tenant Liability  Yes  No  
 (d) Airfreight Replacement  Yes  No

9. Are you aware of any potential claim?

Yes  No

If yes, please declare.

Person-in-charge  Company Name  Email Address

Note:  
 • You are to disclose in this form fully and faithfully all facts you know or ought to know, otherwise the policy issued hereunder may be void.  
 • Liability is not attached until the proposal has been accepted by the insurance company.  
 • Any changes in the information given must be reported to the Company immediately or else the Company will reserve the right to decline all liability.

\* Please attach appendix for new risks and/or changes for past declaration not stated in this form

[Attach File](#)



Date of submission

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