



中意财产保险有限公司

GENERALI CHINA INSURANCE CO., LTD.

货物运输保险投保单 Cargo Transportation Insurance Proposal Form

投保人名称 _____ 联系电话 _____
Name of Proposer _____ Telephone No. _____

被保险人名称 _____
Name of Insured _____

发票号 _____ 合同号 _____
Invoice No. _____ Contract No. _____

预约保险合同号 _____ 信用证号 _____
Open Policy No.(If any) _____ L/C No. _____

发票金额 _____ 投保加成 _____
Invoice Amount _____ Plus _____

兹有下列物品向中意财产保险有限公司投保 (Insurance is required on the following commodities)

标记 Marks & Numbers	包装及数量 Packing & Quantity	保险货物项目 Description of Goods	保险金额 Amount Insured

装载运输工具 _____ 航次 _____ 提单号或运单号 _____
Per Conveyance _____ Voy.No. _____ B/L No./WB No. _____

起运日期 _____ 自 _____ 经 _____ 至 _____
Sailing On or Abt _____ From _____ Via _____ To _____

投保险别(Please indicate the Conditions &/or Special Coverage)

费率 _____ 保费 _____ 赔款偿付地点 _____
Rate _____ Premium _____ Claim Payable At _____

请如实告知下列情况: Please advise and mark "X" wherever is applicable:

1. 集装箱种类 普通[] 开顶[] 框架[] 平板[] 冷藏[]
Container Ordinary Open Top Frame Flat Refrigerator
2. 转运工具 海轮[] 飞机[] 驳船[] 火车[] 汽车[]
Tranship by Ship Plane Barge Train Truck
3. 船舶资料 船籍 _____ 船龄 _____ 船级 _____ 船旗 _____ 载重吨 _____
Particulars of Ship Registry _____ Age _____ Class _____ Flag _____ DWT _____

特别约定、备注
Remarks _____

投保人声明: 投保人确认本保险合同条款和内容已经完全了解。

Declaration: The Proposer confirms herewith that the terms and conditions of this insurance contract are fully understood.

投保人签章 _____ 日期 _____
Signature of Proposer _____ Date _____