



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

**Proposal Form
Marine Cargo Insurance**

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		
Proposer's correspondence address (in Block Letters):		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business or Profession/ Occupation:		

B. GENERAL QUESTIONS

1. Bank name (if by LC) :	
2. Description of Goods / Subject matter :	
3. Value of Goods :	
4. Basis of Valuation : <input type="checkbox"/> CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> Other _____	
5. Invoice No. :	Invoice Date(dd/mm/yy) :
6. Marks and Numbers :	<input type="checkbox"/> FCL <input type="checkbox"/> LCL
7. Bill of lading No. :	Bill of lading Date : dd / mm / yy
8. Voyage From (Country/ Port) :	
9. Mode of Transport : <input type="checkbox"/> Sea <input type="checkbox"/> AIR	
10. Transhipment (Port/Country) :	
11. Sailing on/about :	

