

# **TRANSPORTERS CARGO AND CARRIERS LIABILITY INSURANCE PROPOSAL FORM**

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**Declaration**

Note:

Attention is drawn to the fact that making untrue or false statements or withholding material facts, will give Underwriters the right repudiate any claims and/ or cover under the Policy of insurance with effect from inception of such policy. We hereby refer to the facts which are likely to influence the acceptance of the risk by the Underwriters.

I hereby declare that all the information and statements are true and correct.

First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Dated: \_\_\_\_\_

**DEBIT ORDER INFORMATION**

Account Holder: \_\_\_\_\_

Cheque/Transmission Account no.: \_\_\_\_\_

Branch Code no.: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

I /We authorize \_\_\_\_\_ to draw on my account (wherever it may \_\_\_\_\_ be) at the above-mentioned institution, in any manner agreed on between \_\_\_\_\_ and such institution, the amount of the premium ( which includes VAT) payable, and I request \_\_\_\_\_ the aforesaid institution to debit my account with all debits drawn against it by: \_\_\_\_\_

**Signature of acc. Holder** \_\_\_\_\_