

### CARGO FACT FINDING FORM

<b>Agent Name :</b>		
<b>Agent Code :</b>		
<b>Mobile/Office Phone No.&amp; email address :</b>		
<b>Date :</b>		
1	Name of Insured	
2	Company Registration Number	
3	Address	
4	When Established	
5	Full description of goods to be insured	
6	Type of conveyance ie By Sea &/or By Air &/or By Land	
7	Types of packing of goods, e.g in bags, boxes, cartons, crates or in full container load	
8	Voyage : Name the countries where goods will be <b>imported from</b>	
9	Voyage : Name the countries where goods will be <b>exported to</b>	
10	Maximum value of goods to be shipped per conveyance	
11	Minimum value of goods to be shipped per conveyance	
12	Estimated Annual Turnover	

13	Type of vessels used, eg. Steel Container Vessel, Steel Bulk Carrier etc	
14	Any shipment by barge tow by tug (YES / NO)	
15	Claims - What is the nature of claim and claim amount for the last 3 years. Please give full details - date of loss, cause of claim, amount paid and amount outstanding	
16	Is your shipment been declined to quote by other Insurance Company	
17	What is your present cargo insurance premium rate	
18	What is the Insurance terms provided by your current insurer	

Please email the completed fact find form to:-

[LimPeiShan@GreatEasternGeneral.com](mailto:LimPeiShan@GreatEasternGeneral.com)

[TanSokHui@GreatEasternGeneral.com](mailto:TanSokHui@GreatEasternGeneral.com)