



THE NEW INDIA ASSURANCE COMPANY LIMITED
P.O.Box No. 2907, Ruwi, P.C.112
Sultanate of Oman

MARINE SPECIFIC TRANSIT PROPOSAL FORM
(To be filled by Proposer)*

Name of Proposer	
Country from/to where Importing/Exporting	
Description of Consignment	
Conveyance	
Voyage	
Scope of Cover	
Sum Insured	
Basis of Valuation (a) C&F (b) FOB	
Invoice/L.C. details	
Bill of Lading No./AWB/TCN	
Expected Date of Shipment	
Type of Packing – LCL, FCL, Reefer, Bulk	
Marks & Nos	

(* Strike out whichever is not applicable)

Co. Stamp & Signature

Date