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ETHIOPIAN INSURANCE CORPORATION

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HEAD OFFICE

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ADDIS ABABA

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PROPOSAL FORM FOR GOODS IN TRANSIT INSURANCE POLICY

1. Name of the Insured: _____

2. Address: Woreda _____ Kebele _____ House No. _____

Telephone No. _____ Fax No. _____

3. Exact description of goods proposed for insurance _____

4. Type of packing

Wooden +, Cardboard +, Cases +, Bags +, Containers +, Pallet +

If none of the above, please _____
specify

5. Does the vehicle belong to you?

Yes + No +

If not, please state name and address of owner _____

6. Supervision of loading and unloading

Yes + No +

If yes, by whom _____

7. Cover required

(a) all risk

(b) Specified perils i.e. to cover interest insured
against, theft, fire or damage all directly caused by or
resulting from overturning, collision derailment of the

carrying conveyance or collapse of bridges or embankment.

8. If cover is required on specified vehicle basis:-

Please state

- Registration No. of Vehicles _____
- Voyage: From _____ To _____
- Approximate date for the commencement of transit:
From: _____ To _____
- Insured Value of consignment: Birr _____
- Limited any one vehicle: Birr _____

9. If cover is required on declaration basis, please state

- Period of Cover: From _____ To _____
- Voyage: From _____ To _____
- Limit any one Vehicle: Birr _____
- Limit any one loss or losses arising out of one event: Birr _____
- Estimated annual carrying: Birr _____

10. Do you have "Goods in Transit Insurance Policy" at present

Yes + No +

If yes, where _____

11.

When does your present "Goods in transit Insurance policy" expire?

12. Has any special conditions been imposed?

Yes + No +

If yes, please state the conditions _____

13. Have you ever had your "Good in Transit Policy" cancelled or renewal declined?

Yes + No +

If yes, please give details

14. Please give record of all claims for "Goods in transit Policy" for the last three years. Please give brief detail of claim causes and the cost of settled and outstanding claims _____

15. Any additional information _____

Declaration: I declare that the statements and particulars given in this application are to the best of my knowledge and belief true and complete. I agree that should a policy be issued this form shall be the basis of the contract.

Date _____

Proposer's Signature _____

Agent _____