

货物运输险风险调查表 QUESTIONNAIRE FOR CARGO INSURANCE

基本信息 General Information

被保险人的名称 Name of Insured	
地址 Address of Insured	
营业处所地址 Location of Business Premises	
营业性质 Nature of Business	
保险期限 Period of Insurance	个月, 自 年 月 日零时起至 年 月 日二十四时止 Months from 0:00 of to 24:00 of

1. Description of Goods/Cargo transported:

运输货物详细描述:

2. Type of packing (describe separately for each commodity)

包装 (按单个货物分别描述)

e.g. Bags, cartons, crates, case, drums (new/used), palletized/non-palletized, thence LCL/FCL.

ON DECK/UNDER DECK

例如: 包, 纸箱, 柳条箱, 木箱, 桶, (新桶, 旧桶), 托盘, 非托盘, 拼箱, 集装箱整箱, 甲板上, 甲板下。

3. Voyages 航程:

From	To	(percentage of total turnover)
从	至	占总运输量的百分比

4. Limit of Liability of per conveyance:

每一运输工具所载货物最高限额:

Unit Price of cargo(If applicable):

货物单价(如适用):

5. Estimated Annual Transport Turnover

预计年总投保量

(1) Inland Transit:

国内运输:

(2) Import / Export (imports on FOB or similar terms/exports on CIF terms):
进出口运输 (以 FOB 条件进口, 或以 CIF 条件出口的运输)

Frequency of shipments per Month

每月出运次数:

Basis of Valuation (i.e. at cost, invoice value, 110% of invoice value, etc.)

投保金额计算方法(例如: 成本价, 按发票金额计价, 发票金额加成 10%等)

6. Conveyances (i.e. by air, ship, train, truck, parcel post, etc.)

运输方式 (例如: 空运, 船运, 火车, 卡车, 邮包运输等)

7. Insuring Condition:

投保条件:

8. Premium and Loss History in the past two years. (provide description of cause of loss):

近两年内的保费及损失记录 (请注明损失原因)

第三部分: 声明 **Declare**

投保人兹声明: 上述所填内容属实。保险人已将公众责任保险条款(包括责任免除部分)向投保人作了充分说明, 投保人对公众责任保险条款(包括责任免除部分)已经了解。并且我们同意, 风险调查表是承保上述风险的保险单的基础和组成部分, 双方同意, 保险人仅按保险单条款规定予以赔偿, 被保险人不得提出任何其他性质的索赔, 保险人须对上述资料绝对保密。经与保险人约定, 从保险单签发之日起保险合同成立; 发生保险事故时, 投保人未按约定交付保险费, 保险人不负责赔偿责任。

The applicant hereby declares: the above contents filled are true and correct. The insurer has completely explained the Public Liability Insurance clauses(including exclusions) to the applicant and the applicant has thoroughly understood the clauses and exclusions. And we hereby agree that this Questionnaire forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature. The insurers undertake to deal with this information in strict confidence. The insurance contract will establish when the insurance policy is issued. In case of insurance accidents, if the applicant has not paid insurance premium in agreed method, the insurer shall not be liable for any loss.

投保人(签章):
Applicant's Signature

日期
Date

地址
Address

电话
Telephone