

## सगरमाथा लुम्बिनी इन्स्योरेन्स कम्पनी लिमिटेड

## SAGARMATHA LUMBINI INSURANCE COMPANY LIMITED

(A joint venture with CEYLINCO INSURANCE PLC., Sri lanka)



(Former: Sagarmatha Insurance Company Ltd. & Lumbini General Insurance Company Ltd.)

Head Office: "Surakshan" Bhawan, Bhagawati Marg, Naxal, P. O. Box: 12211, Kathmandu, Nepal
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## MARINE INSURANCE QUESTIONNAIRE FORM

|    |   | Date:  |
|----|---|--|
|    |   | Name of office:  |
|    |   | Agency:  |
|    | QUESTIONS ARE TO BE ANSWERED                      |  |
| 1. | Name of Proposer                                  |  |
|    | Address   |  |
| 2. | Description of goods to be insured:               |  |
| 3. | Details of Packing:                               |  |
| 4. | Details of Voyage or Transit:                     | y. 44  |
| ¢  | a) From:  |  |
| 1  | b) To:  |  |
|    | c) Mode of transit (by Sea / Air / Rail / Road):  | and Armi   |
|    | d) In case of Sea Voyage, name of the vessel:     |  |
|    | e) Invoice No & Date:                             |  |
|    | f) L/C No.& Date:                                 |  |
|    | g) B/L No./C/N No./AW/B No./R/R No.& Date:        |  |
| 5. | Estimated Date of Departure:                      |  |
| 6. | Sum Insured                                       | A STATE OF THE STA |
| -  | a) Invoice value:                                 |  |
|    | b) Tolerance Limit (If any):                      |  |
|    | c) Incremental Costs (Expressed as a percenta     | age of Invoice value):   |
|    | d) Duty (Duty amount payable on arrival):         |  |
| 7. | Type of Insurance Cover required (All Risk / Basi | c Risk / Minimum Risk):  |
| 8. | Additional Cover required:                        |  |
| 9. | How long has proposer previously been handling    | this type of business:   |
| J. | Tiow long has proposed previously been hariding   | , , , , , , , , , , , , , , , , , , ,  |
|    |   | PROPOSER'S SIGNATURE   |
|    |   | PAN No.:   |

| FOR OFFICE USE:                               |                               |      |
|---|-------------------------------|------|
| Proposal accepted by                          | Rate agreed                   |      |
| Cover granted                                 | C/N.No.                       | Date |
| Policy No                                     | Entd. in C/N Control Register |      |
| Entered in Premium Register                   |                               |      |
| Entered in Stm. Cont. Register                | =                             |      |
| PREMIL  | IM CALCULATION SHEET          |      |
| Specified Premium Rate (as per S.N            | of Schedule 6) (In decimal)   | (A)  |
| Air Transit Discount (20% of A)               |                               |      |
| or  |                               |      |
| Inland Transit within Nepal (limited distan   | ce) discount (30% of A)       |      |
| or  |                               |      |
| Inland Transit within Nepal discount (25      | % of A)                       |      |
| or  |                               |      |
| Inland Transit Discount (20% of A)            |                               | (B)  |
|   | ( A-B)                        | (C)  |
| Container Discount (10% of C)                 |                               | (D)  |
|   | (C-D)                         | (E)  |
| Additional Premium Rate for:                  | 156011.01111                  |      |
| a) W & SRCC or SRCC (as per S.N               | of Schedule 7)                | (F)  |
| b) Other (specify)                            | ine conedic //                | (1)  |
|   |                               |      |
|   | (as per S.N of Schedule 7)    | (G)  |
| ii)   | (as per S.N of Schedule 7)    | (H)  |
| Applicable Premium Rate (E+F+G+H)             |                               | (1)  |
| Premium for other than Duty Insurance         |                               |      |
| {(Invoice value + incremental cost) x Applica | able premium rate} (In Rs.)   | (J)  |
| Premium for Duty Insurance                    |                               | 9    |
| (Duty in amount x Applicable premium rate)    |                               | (K)  |
|   | (J + K)                       | (L)  |
| Direct Business Discount (10% of L)           |                               | (M)  |
| Premium after direct discount                 | (L-M)                         | (N)  |
| Large Sum Insured Discount (20% of N)         |                               | (O)  |
|   | Premium                       |      |
|   | Stamp Duty                    |      |
|   | 13% VAT                       |      |

Total Rs.