



Head Office : 16/F, Worldwide House, 19 Des Voeux Road Central, Hong Kong.  
Business Centre : 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong.  
Macau Branch : Avenida da Praia Grande, No.762, Edificio China Plaza, 10 andar C-D, Macau.  
Website: <http://www.asiainsurance.hk>

Tel: +852 3606 9933 Fax: +852 2810 0225  
Tel: +852 3606 9933 Fax: +852 2810 0218  
Tel: +853 2856 3166 Fax: +853 2857 0438  
Email: [mailbox@afh.hk](mailto:mailbox@afh.hk)

貨運保險  
MARINE CARGO INSURANCE

(Please put a "√" in the box where applicable 請在適用方格內加"√")

NAME OF PROPOSER 投保人		<input type="checkbox"/> POLICY 保單 <input type="checkbox"/> COVER NOTE 暫保單  _____ Original 正本    _____ Copy(ies) 副本	
Address 地址		Tel. No. 電話號碼	Replacing Cover Note No. 已簽發之暫保單號碼
Name of Vessel/Conveyance 船名/運輸工具		Date of Departure 開行日期	Date of Arrival 到達日期
Air Flight No. 航班編號	Air Waybill No. 提單號碼	Parcel Post 郵包 <input type="checkbox"/> By Sea 海 <input type="checkbox"/> By Air 空	Postal Receipt No. 郵包收條號碼
Voyage at and from 運送地點		To Final Destination 至最終目的地	
Transhipment at 轉運地		Claims payable at 賠款地點	
Insurance Coverage Required 險別 Institute Cargo Clauses : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Air <input type="checkbox"/> Other:		Invoice Value 貨值  Amount Insured 保額  Sales Terms (If applicable) 銷售條款(如適用) <input type="checkbox"/> CIF <input type="checkbox"/> C&F <input type="checkbox"/> FOB <input type="checkbox"/> Other: _____	
Marks & Nos. 唛頭及箱號	Packing Quantity & Description of Goods 貨物數量及名稱		

Date 日期

Proposer's Signature & Company Chop 投保人簽署及蓋章