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To: Cargo Insurance Team

Cargo Insurance Particulars Form	
Company Name :	
Address :	
Goods Description/Usage (If Applicable) :	
Mode of Transport : <input type="checkbox"/> By Sea <input type="checkbox"/> By Air <input type="checkbox"/> By Truck <input type="checkbox"/> By train <input type="checkbox"/> Other _____	Type of Packaging : <input type="checkbox"/> Carton <input type="checkbox"/> Wooden case <input type="checkbox"/> Pallet <input type="checkbox"/> Crate <input type="checkbox"/> Other _____
Quantity :	Sum of Insured :
Voyage: From: _____ To: _____	
Collection Office : <input type="checkbox"/> Central <input type="checkbox"/> Mongkok <input type="checkbox"/> Kwun Tong	
Remark :	
Contact Person :	Tel. :
E-mail:	Fax. :

Underwriter/Insurer: Allied World Assurance Company, Ltd /
China Ping An Insurance (Hong Kong) Co., Ltd.