

Bulk Cargo Transport Insurance Certificate

Certificate No.:

Date of Issue:

Consignee:

Consignor:

FREIGHT FORWARDER DETAILS

Company Name:

Address:

Contact Person:

Contact Number:

CARGO & TRANSPORT DETAILS

Description of Cargo:

Quantity / Weight:

Mode of Transport:

From (Origin):

To (Destination):

Estimated Date of Departure:

Estimated Date of Arrival:

INSURANCE DETAILS

Sum Insured:

Insurer:

Policy No.:

Coverage:

Deductible / Excess:

Valid From:

Valid Until:

REMARKS

Authorized Signatory:

Date:

This certificate is issued as evidence of insurance only and confers no rights on the holder.

