

Grand Trust Underwriters

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Inland Transit Insurance Application (Transit within Hong Kong ONLY)

1) Insured Detail **Company Name:** Address: Tel: Email: URL: www. 2) Coverage Detail Interest: Packing: STANDARD EXPORT PACKING **Sum Insured Per Shipment** or Estimated Annual T/O Location: From: To: Conveyance: Loss Experience In the last 3 years Date: Detail: **Loss Amount:** Is the risk insured with any other insurance company at present? Yes No If yes, by which insurance company? Has present Open Policy been cancelled? No Yes If so, for what reason? Date Applicant's chop & signature

1 | Page Tel: (852)2526-6674 Fax: (852)2868-1759 email: <u>info@grandtrust.com.hk</u>