Jebsen Insurance Brokers Ltd.
捷成保險顧問有限公司

Marine Cargo Insurance – Information requested for quotation

(海運貨物保險 報價所需要的資料)

Insured Name (投保人名稱): _____

Correspondence Address (通訊地址): _____

Period of Insurance (保險期間): _____

Business Nature (業務性質): _____

Voyage (航程): From (由)_____ To (到) _____

Vessel (船名): _____

Sum Insured (總保額): _____

Interest Insured (保障物品): _____

Packing (包裝): _____

Existing Insurance Company (現有保險公司名稱): _____

Claim History for past 3 years (過往三年賠償紀錄): _____

Other Requirements (其他要求): _____

Contact Person (聯絡人): _____ Position (職位): _____

Mobile (手提電話): _____ Email (電郵): _____