





6. Usual route of transit.....

**7. Claims Experience**

	Year	Year	Year
Sum Insured			
Claims Paid			
Number of Claims			

**8. Previous Insurers Details**

Name.....

Period Insured.....

**Declaration**

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or my/our behalf for the purpose of insurance shall be the basis of and incorporated in the contract between me/us and **CLARION INSURANCE (PVT) LTD**, shall be true and promissory.

I/We further agree to accept insurance on terms and conditions set forth in the Company's policy, and particularly undertake to notify the company immediately of any alteration in the risk.

Name in full.....

Signature.....

Date ...../...../.....

**Office Use Only**

**PREMIUM CALCULATIONS:-**

Basic Premium \$.....

Gvmt Levy \$.....

