



Please complete all sections for insurance quotation.

Applicant Details		
Applicant & Address	Ge-TS UCID No. (if any)	
Contact Person	Contact Tel. No.	
Cargo Details		
Cargo Interest	HS Code (first 4 number is required) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X X X X	
Seller		
Buyer		
Trade Term	<input type="checkbox"/> FOB	<input type="checkbox"/> CIF
	<input type="checkbox"/> C&F	<input type="checkbox"/> Others:
Invoice Value	Departing Date (MM/DD/YY)	
Shipment Details		
From	To	Transshipment
By	<input type="checkbox"/> Sea Vessel name:	<input type="checkbox"/> Air
Others		
Special Requirement (L/C Requirement)		
Claim Experience for the past 3 years	<input type="checkbox"/> Clean	<input type="checkbox"/> Not clean. Please provide the details:
Insurance Premium Payment Method	<input type="checkbox"/> DDA through Ge-TS	<input type="checkbox"/> Cheque
Declaration		
<p>1. I/We agree AIG Insurance Hong Kong Limited reserves its right to accept/reject my/our Application. Once the Application Form is accepted and approved by AIG Insurance Hong Kong Limited the policy will become effective.</p> <p>2. I/We agree that this Application Form shall be the basis of the contract between me/us and AIG Insurance Hong Kong Limited. I/We declare that the statement made in this application are true and correct to the best of my/our knowledge and belief.</p>		
Date (MM/DD/YY)	Applicant's Signature & Stamp	

**AIG Insurance Hong Kong Limited**

This insurance is underwritten by AIG Insurance Hong Kong Limited.46/F, One Island East,  
18 Westlands Road, Island East, Hong Kong Tel: (852) 3555 0238 Fax: (852) 2833 5251

For Ge-TS use only