

THE OVERSEAS ASSURANCE CORPORATION LTD.,
SINGAPORE
 Reg. No. 1920 00003W

CARGO FACT FINDING FORM

Agent Name :		
Agent Code :		
Mobile/Office Phone No.& email address :		
Date :		
1	Company Name of Proposer / Insured	
2	Address	
3	When Established	
4	Full description of goods to be insured	
5	Type of conveyance ie By Sea &/or By Air &/or By Land	
6	Types of packing of goods, e.g in bags, boxes, cartons, crates or in full container load	
7	Voyage : Name the countries where goods will be imported from	
8	Voyage : Name the countries where goods will be exported to	
9	Maximum value of goods to be shipped per conveyance	
10	Minimum value of goods to be shipped per conveyance	
11	Estimated Annual Turnover	
12	Type of vessels used, eg. Steel Container Vessel, Steel Bulk Carrier etc	

13	Any shipment by barge tow by tug (YES / NO)	
14	Claims - What is the nature of claim and claim amount for the last 3 years. Please give full details - date of loss, cause of claim, amount paid and amount outstanding	
15	Is your shipment been declined to quote by other Insurance Company	
16	What is your present cargo insurance premium rate	
17	What is the Insurance terms provided by your current insurer	

List of Contact (OAC - Marine):-

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