

## REQUEST FOR INLAND TRANSIT QUOTATION

<b>ATTENTION:</b>				<b>DATE:</b>				
<b>CLIENT:</b>				<b>FAX NO</b>				
				<b>TEL NO</b>				
				<b>E-MAIL:</b>				
				<b>VAT NO:</b>				
<b>CONTACT NAME:</b>				<b>BUSINESS REG NO:</b>				
<b>NATURE OF BUSINESS:</b>								
<b>DESCRIPTION OF GOODS (PLEASE STIPULATE WHAT IS NEW AND SECOND-HAND – HOW OLD?)</b>								
<b>PACKING DETAILS (CARTONS/BAGS/CRATES/LOOSE/UNPROTECTED/NO OF PACKAGES/ HOW MANY LOADS/ TYPE OF VEHICLES USED):</b>								
<b>METHOD OF PACKING:</b>		<b>FCL</b>	<b>Break Bulk</b>	<b>Open top FCL/Loose</b>	<b>Reefer</b>	<b>Tank-truck</b>	<b>Bundles/Bales</b>	<b>Other</b>
<i>Indicate:</i>								
<b>CONVEYANCE:</b>	<b>Road</b>	<b>Rail</b>	<b>Air</b>	<b>Parcel Post</b>	<b>Other:</b>			
<i>Indicate:</i>								
<b>FROM:</b>				<b>TO: (Final destination):</b>				
<b>STORAGE:</b> <i>(Yes/No)</i>	<b>HOW LONG?</b>	<b>WHERE? (Warehouse/Storage Premises Details):</b>						
<b>TERMS OF PURCHASE/TERMS OF SALE/TERMS OF TRANSPORT/CONTRACT DETAILS:</b>								
<b>ESTIMATED ANNUAL TURNOVER:</b> <b>R</b>		<b>MAXIMUM VALUE ANY ONE CONVEYANCE:</b> <b>R</b>			<b>MAXIMUM VALUE PER LOCATION (WAREHOUSE):</b> <b>R</b>			
<b>BASIS OF DECLARATION/CLAIMS PAYMENT:</b> <i>(BASIS OF VALUATION):</i>								
<b>SASRIA REQUIRED: YES/NO      ESTIMATED TURNOVER: R.....</b>								
<b>ADDITIONAL INFORMATION/REMARKS:</b>								



**FOR GAURDRISK ALLIED PRODUCTS & SERVICES USE ONLY**

<b>INDICATION ONLY</b> <b>SUBJECT TO ADDITIONAL INFORMATION AND/OR COMPLETION OF OPEN POLICY APPLICATION QUESTIONNAIRE</b>		<i>(Indicate)</i>
<b>FIRM QUOTATION:</b>		
		<b>DATE:</b>
<b>EXCESS:</b>		
<b>WARRANTIES:</b>		
<b>RATE:</b>		

<b>COMPLETED BY:</b>	<b>DATE:</b>
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