



Overseas Motor Car Transit application form for Atlantis Forwarding Clients

Full Name _____

Postal Address: _____

Make of Vehicle: _____ Model: _____ Year of Manufacture: _____

Registration Number: _____ Value for Insurance* _____ Name of Vessel: _____

Transit from commencement of loading at: _____

To completion of discharge on to quay at: _____

*Vehicles should be insured for their full value at destination including freight costs.
If you do not insure for full value any claim payments will be proportionately reduced. See Average Clause overleaf.
(N.B. As a guide the MINIMUM we suggest you insure for, should be the UK value + 50% + Freight costs.)

Excess (Applicable to all claims except actual Total Loss)

Every effort should be made to ship the vehicle "Under Deck" and to obtain a pre-shipment condition report.

Vehicles not over 5 years old _____ 2.0% of Insured value (minimum excess £200 min)

Vehicles between 6 and 10 years old _____ 4.0% of Insured value (minimum excess £200 min)

Vehicles over 10 years old _____ Held covered at terms and conditions to be agreed

Note: The above excesses are doubled if no pre-shipment condition report is obtained

Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser.

Declaration Important. Read the documents of cover and claims procedures overleaf before signing the declaration.

I declare that the statements and particulars given above are, to the best of my knowledge and belief, true and complete. I agree to accept insurance subject to the conditions of cover shown overleaf, that any claim shall be settled in accordance therewith and that the insurance will not be in force until the proposal has been accepted by the Company and the premium paid.

Signature: _____

Date: _____

Certificate Not to be completed by Proposer

Certificate of Insurance No. _____

This proposal becomes a certificate of insurance only when numbered and signed by an authorised official of the Norwich Union Insurance Company Limited, or their appointed agents, over the appropriate official Company or Agency Stamp.

This is to certify that the Company has insured the above motor car for the declared transit under Policy No's. 23474089 CXC / 23474098 CXC

In favour of the above proposer in the sum of _____ (in words)

For Norwich Union Assurance Company Plc

Company Agency Stamp

Signed by an authorised official of Norwich Union Insurance plc or their appoint agents.

Signature: _____

Date: _____

OVERSEAS MOTOR CAR TRANSIT INSURANCE – Proposal Form

Conditions of cover

It is a condition that the assured will act with all reasonable despatch in all circumstances.

Loss or Damage: This insurance covers All Risks of loss of or damage to the insured goods, as per, the Institute Cargo Clauses (A), War and Strikes Clauses (copies available on request) subject also to the following exclusions.

1. The Excess
2. Loss or damage or expense caused by delay.
3. Loss or damage or expense caused by confiscation or detention by Customs or other Officials or Authorities.
4. Loss or damage arising from wear and tear, moth, vermin, normal atmospheric or climatic conditions or inherent vice.
5. Mechanical or electrical derangement.
6. Loss or damage arising from freezing of coolants
7. Loss or damage to all audio equipment unless permanently secured to or stolen with the car, or of tools unless stolen with the car

Warranted no risk whilst under own power.

The following clauses shall also apply and shall override anything to the contrary contained in the aforementioned Institute Clauses.

Average Clause: This Policy is subject to the Conditions of Average, that is to say, if the property covered by this insurance shall at the time of any loss be of greater value than the sum insured herein, the Assured shall only be entitled to receive hereunder such proportion of the said loss as the sum insured by this Policy bears to the total value of the said property.

Radioactive Contamination Exclusion Clause: In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from

1. ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
2. the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
3. any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force of matter.

Replacement Clause: In the event of loss of or damage to any part or parts of an insured vehicle caused by a peril covered by the Policy the sum recoverable shall not exceed the cost of the replacement or repair of such part or parts plus charges for forwarding and refitting, if incurred, but excluding duty unless the full duty is included in the amount insured, in which case loss, if any, sustained by payment of additional duty shall also be recoverable. Provided always that in no case shall the liability of underwriters exceed the insured value of the complete vehicle.

Transit Clause: From commencement of loading until completion of discharge on to any quay destination. In the event of transshipment warranted no risk whilst under own power.

Claims Procedure

Assured or their Agent must:-

1. Report claim to Agent shown below.
2. Apply immediately for survey in the docks by carriers' representative if any loss or damage be apparent and claim on the carriers for any actual loss or damage found at such survey.
3. In no circumstances give clean receipts where vehicle is in doubtful condition except under written protest.
4. Give notice to the carriers' representative within three days of delivery if the loss or damage was not apparent at time of taking delivery.
5. Send all correspondence with carriers to Company when submitting claim.

Claims arising hereunder to be settled at

Agents: _____

Authorised to settle/survey on behalf of the Company.

Please return the completed proposal to:
Regional Marine Centre
Norwich Union
Boar Lane
Leeds
LS1 5HL

