



Gargash Insurance Services, Dubai  
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**MARINE DECLARATION**

CLIENTS NAME :  
INSURED :  
NAME OF THE BANK :  
MERCHANDISE :  
  
Mode of Shipment : FCL / LCL / Break-bulk / Air/ Road  
Name of The Vessel / Truck No. :  
Driver Name :  
  
Voyage : From \_\_\_\_\_ To \_\_\_\_\_  
Date of Shipment : Estimated time of Departure: \_\_\_\_\_  
Estimated time of Arrival: \_\_\_\_\_  
Amount For Insurance : \_\_\_\_\_ + C&F(10%) / FOB(20% ) = \_\_\_\_\_  
Cover As Per : ICC(A) or ICC (C) + ND, WAR + SRCC  
Through Bill of Lading : Yes / No  
Invoice No. / B/L No. / AWB No. / Reference No. :  
Remarks, if any

Date \_\_\_\_\_

Signature \_\_\_\_\_