

CÔNG TY CỔ PHẦN BẢO HIỂM PHÚ HƯNG

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FISHING SHIP INSURANCE APPLICATION FORM

A. The Insured's information

The insured			-		-						
Address											
Telephone				Fax				Tax code			
Business field				·							
B. Insurance coverage											
Information of Ship	١	Name of Ship	:				Material	:			
	5	Ship type					Engine 's power	ngine 's power :			
	١	Year & Place of Build :				Deadweight :					
	F	Register No. :					Type of Ship :				
Value		Ship: Fishing tools:			% Equipment						
Trading Limit		· ·									
Coverage and		Objects Covered					Sum insured/ Limit liability				
condition		☐ Hull: ☐ condition A ☐ condition B									
		☐ Civil liability									
		Fishing tools									
		Personal accident	of crew	Crew nu	mber:	person(s)					
		Others:									
C. Insurance period											
	r	ninutes, date			Т	o h	nourminutes	, date			
D. Other information	I			0					. "		
Mode of Payment		☐ Bank transfer	☐ Casr	at the Con	npany Vietnames	•	☐ Cash via Ag	gent or Sales s	staff		
Language of the Policy E. Declaration	′	☐ English			vietriames	U					
Application Form sh The Insured underta the light of such alte (2) According to Item a and to collect the in purchases of insura a) Intentionally provi	nall formakes to eration. Clause asurance ince:	the basis and be par inform the Insurers o 2 Article 19 of Law o	t of any Policy f any material Insurance E e time of susp e aim of enter	of Policies alteration was Business: "A pension of in the ring into an in	issued in co whereby the an insurer sl mplementat	onnection with the risk is increase thall have the rigition of the insur	he above risk or risk ed, and the Insurers ght to suspend unila rance contract, upor	terally the imp	belief, and we hereby agree that right to modify any quotation mad plementation of an insurance confollowing acts being committed by ademnity;"	le in	
* Documents attacl Certificate of registrat License of fishing acti Register Book Detailed declaration of Others	hed: tion of fi ivities of fishin	g tools	_			S	ignature of the Insu	red & Compai	ny Stamp		
	□ Ne		Channel:				Code/ name	of seller:			