

দেশ জেনারেল ইন্যুরেন্স কোম্পানী লিমিটেড

DESH GENERAL INSURENCE COMPANY LIMITED

Head Office: Jiban Bima Bhaban, Front Block, Level #5 10, Dilkusha C/A, Dhaka-1000

DEPTT Marine Hull

ISSUING OFFICE

PROPOSAL FOR HULL INSURANCE

	Date2000
1. Owner's Name	
2. Address	·
Name and Registered No. of the Vessel	
4. General Description of the vessel	
(i) When built	
(ii) Where built	
(iii) By whom built	
(iv) Construction (Steel, Iron, Wood, etc.)	
(v) Length/ Beam	
(vi) Breadth	
(vii) Depth	
(viii) Draft	
5. Carrying capacity	
6. Volume in cubic feet	
7. Gross tonnage	
8. Net tonnage	
Present general condition of the vessel	
10. Is vessel fully powered?	*
11. How driven?	
12. Details of machinery	
(i) Horse Power	
(ii) Age and condition of Engine	
(iii) Speed	
13. Where and for what purpose is the vessel to be use	ed ?
14. State whether decked or protected or otherwise	1000
(i) Number of decks	
(ii) Number of Holds	
15. If Dumb Barge, state type of vessel to be used for t	fowing
16. Classification in Loyd's Register	

17. Whe	n the vessel was	s surveyed?				
18. Perio	d of survey Cer	tificate				
	last surveyed the		,	<u> </u>		
20. Wher slip fo	When was the vessel dry docked or put on slip for overhaul and/ or repair?					
susta	Give details of any serious casualties sustained by the above vessel. (giving amount of loss or damage)					
22. Give	Give details of any serious casualties					
	sustained by other vessels of the same owner					
	ring amount of l					
23. State, and c	if possible total aim paid for all d year by year :	premium				
<u>s.n.</u>	<u>Year</u>	<u>Premium</u>	Claims	Claims Outstanding		
2			••••••	***************************************		
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-		***************************************				
				*		
24. Value t	o be insured :					
(i)	Hull	**************************************				
(ii)	Machinery	Martinian e		2000		
· (iii)	Disbursement	ts				
25. Period	or voyage for w	hich insurance is require	d			
(i)	Type of cover					
(ii)	Period :		То	8		
(iii)	Voyage :		To			
26. Name	and experience	of the Captain of the Vas	ssel			
20. Ally IUI	uner detalls of ff	iateriai bearing	*** **** ** *** *** *** *** *** ***	3.00000.0000000000000000000000000000000		
				# T		
We ce	ertify that t	he information g	iven by us abo	ve is correct.		
		_				
		S	ignature			

Date