



## Proposal for Shipment Household Goods and Personal Effects

Please complete this form in BLOCK CAPITALS and tick appropriate boxes.

Please fax to your local AXA office or your appointed insurance broker / forwarding agent

Proposer	
Address at Origin:	
Address at Destination:	

Shipped by (Please Tick):	Sea <input type="radio"/>	Air <input type="radio"/>	Over Land <input type="radio"/>
Packing (Please Tick):	Professional <input type="radio"/>	Self (Restricted cover only) <input type="radio"/>	
Approx. commencement date of transit:		No of packages	
Packing Company's Name:			

All items should be insured for present day market value at destination. Failure to do so will result in valuation clause being applied.  
All items being shipped must be declared for insurance.  
Describe each item and give individual values. Please give details of each set.  
Please list separately any items exceeding US\$ 1000/=

No.	ARTICLES	No. Items	Replacement cost	No.	ARTICLES	No. Items	Replacement cost
<b>A LIVING ROOM</b>							
1	Sofas			5	Kitchen Linen		
2	Chairs			6	Dishwasher		
3	Lamps & Shades			7	Oven/Cooker		
4	Tables			8	Microwave		
5	Radios			9	Crockery		
6	TVs			10	Utensils / Cutlery		
7	Rugs & Carpets			11	Pots & Pans		
8	Curtains			12	Bowls, Trays Etc		
9	Piano & Musical Instruments			13	Plastic/Tupperware		
10	Bookcase / Wall Unit			14	Food Processor		
11	Cupboards			15	Refrigerator		
12	Hi-Fi system/Home Theatre			16	Freezer		
13	Pictures & Paintings			17	Vacuum Cleaner		
14	Video Recorder/DVD			18	Washing Machine		
				19	Dryer		
<b>B DINING ROOM</b>				<b>E CHINAWARE/PORCELAIN</b>			
1	Tables			1			
2	Chairs			2			
3	Cupboards			3			
4	Sideboard			4			
5	Lamps & Chandeliers			<b>F CRYSTAL/GLASSWARE</b>			
6	Rugs & Carpets			1			
7	Curtains			2			
8	Mirrors			3			
9	Table Linen			4			
10	Pictures & Paintings			<b>G SILVERWARE/BRASSWARE</b>			
11	Desk			1			
<b>C FAMILY ROOM</b>				2			
1	Chairs			3			
2	Curtains			4			
3	Sofas			<b>H ANTIQUES / WORKS OF ART</b>			
4	Tables			1			
5	Lamps/Shades			2			
6	Rugs & Carpets			3			
7	Desk			4			
8	Bookcases			<b>I SPORTS EQUIPMENT</b>			
9	Pictures & Paintings			1			
10	Cupboards			2			
<b>D KITCHEN</b>				3			
1	Tables			4			
2	Chairs						
3	Electrical Appliances						
4	Cabinets						

No.	ARTICLES	No. Items	Replacement cost	No.	ARTICLES	No. Items	Replacement cost
<b>J LINEN / CLOTHING</b>							
1	Coats / Jackets			5	Laundry Basket		
2	Suits			6	Perfume / Aftershave		
3	Dresses			7	Cabinets / Shelves		
4	Trousers			8	Mirrors		
5	Sweaters			9	Razors		
6	Blouses			10	Hair Dryers		
7	Skirts			<b>N MISCELLANEOUS</b>			
8	Sleepware			1	Clocks		
9	Shirts			2	Telephone / Fax		
10	Footwear			3	Plant Holders		
11	Hosiery / Socks			4	Toys & Games		
12	Ties / Scarves			5	Food (Non-perishable)		
13	Underwear			6	Computer		
14	Lingerie			7	Computer Printer		
15	Sportswear			8	Computer Accessories		
16	Sheets/Linen			9	Sewing Machine		
<b>K BEDROOM (MAIN)</b>				10	Video Camera		
1	Beds			11	Cameras / Lens		
2	Chairs			12	Pictures / Paintings		
3	Tables			13	Bicycles		
4	Dressing Table			14	Books		
5	Chest of Drawers			15	Audio Tapes		
6	Mirrors			16	CDs		
7	Rugs			17	Video Tapes/DVD's		
8	Lamps			18	Garden Equipment		
9	Curtains			19	Garden Furniture		
10	Bookcases			20	Suitcases / Trunks		
11	Wardrobes			21	Tools		
12	Pictures/Paintings			22			
<b>L BEDROOM(S) OTHERS</b>				23			
1	Beds			24			
2	Chairs			25			
3	Tables			<b>O ANY OTHER ITEMS</b>			
4	Dressing Table			1			
6	Chest of Drawers			2			
5	Mirrors			3			
7	Rugs			4			
8	Lamps			5			
9	Curtains			6			
10	Bookcases			7			
11	Wardrobes			8			
12	Pictures/Paintings			TOTAL (Insured Value) Please state currency			
<b>M BATHROOM</b>				<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
1	Rugs, Toilet Covers						
2	Toiletries						
3	Medical Supplies						
4	Towels						

Please Tick cover required :

Full Conditions (professionally packed goods only)

Restricted Conditions

All material facts must be disclosed, failure to do so could invalidate the policy. A material fact is one which would be likely to influence an insurer in the assessment and acceptance of the proposal. If in any doubt as to whether a fact is material then it should be disclosed here.

Declaration: I declare that the details herein are correct according to the best of my knowledge and belief and agree that the particulars and statements given shall form the basis of contract between us.

Date:

Proposer Signature: