



A. UNIVERS TRANSIT LTD.

CONTACT INFORMATION FORM

When you ask us to take care of your relocation we kindly request you to fill in this form and return it to us.

Client	Account	Job number
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Loading address / details 193, Grande Central, Rockbrook, Sandyford, Dublin-18, Ireland	Address of destination / details NO ADDRESS AT THE MOMENT
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Phone 1	+63 995 258 0654	Phone 1	+63 995 258 0654
Phone 2	+353 87 447 3954	Phone 2	+353 87 447 3954
Phone cell	+91 9607468688	Phone cell	+91 9607468688
Facsimile		Facsimile	
Email (very important)	bhavesh.mehta@amdocs.com	Email (very important)	bhavesh.mehta@amdocs.com
Date you depart from this address	01/Oct/2019	Date you arrive at this address	

It is very important that we (or our agent) know where we can reach you during transit of your shipment. Please advise details below. You can, for instance, also give us the address of an employer or relatives where you will be staying.

Contact address / details 1) NO ADDRESS AT THE MOMENT	Contact address / details 2) NO ADDRESS AT THE MOMENT
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Phone 1	+63 995 258 0654	Phone 1	+63 995 258 0654
Phone 2	+353 87 447 3954	Phone 2	+353 87 447 3954
Phone cell	+91 9607468688	Phone cell	+91 9607468688
Facsimile		Facsimile	
Email (very important)	bhavesh.mehta@amdocs.com	Email (very important)	bhavesh.mehta@amdocs.com
We can reach you at this address from - till		We can reach you at this address from - till	

Request date(s) of loading

Timing of shipping of your goods	A.S.A.P. AFTER PACKING	AT MY CALL	ON A CERTAIN DATE:
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Service requested **FULL-SERVICE INTO NEW RESIDENCE**

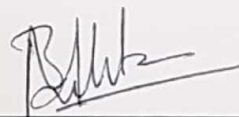
Place DUBLIN	Date 30-Sep-2019	Signature
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INSURANCE APPLICATION FORM

Insured Name: <i>Bhavesh Rasiklal Mehta</i>	Moving Date	Moving By (Tick) <input type="checkbox"/> SEA <input type="checkbox"/> AIR <input type="checkbox"/> LAND
Origin Address: <i>193, Grande Central, Rockbrook, Sandyford, Dublin-18</i>	Please declare the replacement cost at destination of all items in your shipment below or submit your own listing of items and their replacement cost.	
Destination Address:	IMPORTANT: Items not declared and valued are not insured.	

No.	Quant.	Products Name	Total Price
<u>Major Electrical Appliances:</u>			
1		Refrigerator	
2		Air Conditioner	
3		Camera	30000
4		Television	45000
5		Deep Freezer	
6		Dishwasher	
7		Dryer	
8		Fax Machine	
9		Lap Top	
10		Computer	
11		Printer	
12		Microwave	
13		Stove Range	
14		VCR	
15		Washing Machine	
16		Stereo System	
17		<i>Hard Drive</i>	5000
18			
19			
20			
21			
22			
23			
<u>Appliances & Home Electronics</u>			
24		Answering Machine	
25		Alarm Clock	
26		Clock	
27		Car Radio	
28		CD for Car	
29		Coffe Maker	10000
30		Compact Disc	
31		Drill	
32		Electrical Blanket	
33		Kettle	
34		Mixer	
35		Hand Mixer	2000
36		Electric Saw	
37		Fan\ Ventilator	
38		BBQ\ Grill	
39		Heater	
40		Iron	2500
41		Juicer	8000
42		Telephone	
43		Sewing Machine	
44		Vacum Cleaner	5000
45		Walkman	
46		<i>Hot plate</i>	5000
47			
48			
49			
50			
51			
52			

No.	Quant.	Products Name	Total Price
<u>Dining Room & Kitchenware</u>			
53		Dining Table	
54		Dining Chair	
55		Glassware	50000
56		Crystalware	
57		Pots & Pans	50000
58		Silverware	
59		Dishes	20000
60		Kitchen Linens	
61		Utensils\ Cutlery	75000
62		Bowls, Trays, etc.	25000
63			
64			
65			
66			
67			
<u>Clothing & Textile</u>			
68		Children's Clothing	100000
69		Children's Shoes	10000
70		Men's Clothing	100000
71		Men's Shoes	2000
72		Women's Clothing	150000
73		Women's Shoes	15000
74		Suits	30000
75		Jackets	50000
76		Leather Clothing	
77		Coats	
78		Fur Coats	
79		Boots	
80		Underwear	20000
81			
82			
83			
84			
85			
<u>Children's Items</u>			
86		Bath Tub	
87		Baby's Bed	
88		Car Seat	5000
89		Carriage	
90		Dressing Table	
91		Baby's Chest	
92		High Chair	
93		Toys\ Games	100000
94		Walker	
95		Scale	1000
96			
97			
98			
99			
100			



Signature

INSURANCE APPLICATION FORM

No.	Quant.	Products Name	Total Price
<u>Furniture</u>			
101		Arm Chair	
102		Bar	
103		Bed	
104		Mattress	
105		Bookcase	
106		Chair	
107		Table	
108		Coffee Table	
109		Corner Table	
110		Dinning Room Set	
111		Dresser	
112		Garden Furniture	
113		Kitchen Table	
114		Love Seat	
115		Make Up Table	
116		Mirror	
117		Cupboard	
118		Cabinet	15000
119		Night Table	
120		Rocking Chair	
121		Shelves	
122		Sofa	
123		Couch	
124		TV Table	
125		Chest of Drawer	
126		Wardrobe\ Armoire	
127		Double Bed	
128		Office Chair	
129		Desk	
130		Side Tables	8000
131		Medicines	15000
132		Wooden Temple	16000
133			
134			
135			
<u>Musical Instruments</u>			
136		Acordeon	
137		Cello	
138		Drums	
139		Flute	
140		Guitar	15000
141		Harp	
142		Organ	
143		Piano	
144		Saxophone	
145		Violin	
146		keyboard	18000
147		Recorder	1500
148			

No.	Quant.	Products Name	Total Price
<u>Sports & Camping Equipment</u>			
149		Boat	
150		Cooler	
151		Diving Equipment	
152		Exercise Bike	
153		Boat Engine	
154		Fishing Equipment	
155		Gas Lamp	
156		Jet Ski	
157		Gas Stove	
158		Sleeping Bag	
159		Ski Equipment	
160		Telescope	25000
161		Binoculars	
162		Tent	
163		Thermos	
164		Water-Ski Equipment	
165		Bicycles - 3	50000
166			
167			
<u>Various Household Items</u>			
168		Lamp	
169		Bath Assec.	10000
170		Blanket	8000
171		Linen	5000
172		Books	50000
173		Covers	
174		Curtains	
175		Painting\ Picture	
176		Photo Album	
177		Pillows	1000
178		Sculptures\ Statues	
179		Suitcase	10000
180		Towels	5000
181			
182			
183			
184			
185			
186			
187			

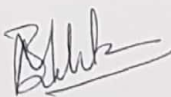
TOTAL INSURANCE VALUE:

Grand Total Insurance Value: 1160000,00 (1160000=00)

Currency --> Indian Rupees

With my signature on this page I confirm that I have read & confirm the terms & condition of insurance company

Date: 30-Sep-2019

Full Name Bhavesh Rasiklal Mehta Signature 

Insurance Application Form

NAME OF ASSURED:..... Bhavesh Rasiklal Mehta

ADDRESS:..... _____

TELEPHONE NO..... +63 995 258 0654
+353 87 647 3954
+91 96074 68 688

FROM:..... _____

TO:..... _____

CONSIGNEE'S ADDRESS AT DESTINATION: NO ADDRESS AT THE MOMENT

NAME OF VESSEL / AIRFREIGHT: :..... _____

ESTIMATED DATE OF SHIPMENT:..... _____

CALCULATION OF INVENTORY LIST

GRAND TOTAL

MARINE INSURANCE US\$

AIR INSURANCE VALUE US\$

DECLARATION OF THE PROPOSER

I DECLARE THAT I HAVE READ THE TERMS OF COVER ON THE CERTIFICATE OF MARINE INSURANCE AND UNDERSTAND THAT THESE FROM THE BASIS OF THE PROPOSED CONTRACT BETWEEN ME AND INSURERS.

I KNOW THAT THERE IS NO COVER FOR STORAGE. OTHER THAN IN THE ORDINARY COURSE OF TRANSIT. AND NOT MORE THAN 30 DAYS FROM TIME OF ARRIVAL OF GOODS TO THE INTENDED DESTINATION.

I ALSO DECLARE THAT THE AMOUNTS SHOWN ARE THE FULL REPLACEMENT VALUES OF THE GOODS AT DESTINATION. (VALUABLE ITEMS & ARTICLES HAVE TO BE ITEMIZED SEPARATELY).

I CONFIRM THAT I HAVE DECLARED ALL ITEMS WITH ALL DETAILS REQUESTED.

I KNOW THERE IS NO COVER FOR VALUABLE ITEMS SUCH AS JEWELRY, MONEY, CAMERAS, GLASSES, MONEY ETC.

I HAVE LISTED SEPARATELY ALL ITEMS OF ABOVE AVERAGE VALUE AND PROVIDED A DETAILS LIST OF ALL OWNER PACKED ITEMS.

I KNOW THAT THE INSURANCE POLICY IS SUBJECT TO AN EXCESS (DEDUCTIBLE)

IN THE EVENT OF LOSS OR DAMAGE WHICH MAY GIVE RISE TO A CLAIM UNDER THIS INSURANCE. NOTICE MUST BE GIVEN WITH IN 14 DAYS FROM TIME OF ARRIVAL OF GOODS TO THE INTENDED DESTINATION.

LOSS AND/OR DAMAGE DUE TO MECHANICAL, ELECTRICAL AND/OR ELECTRONIC DERANGEMENTS ARE EXPRESSLY EXCLUDED FROM THIS INSURANCE.

THIS INVENTORY VALUATION LIST & THE CERTIFICATE OF MARINE INSURANCE ARE INSEPERATELY PART OF THE MAIN OPEN POLICY.

SIGNATURE:..... 

DATE:..... 30-sep-2019