



## MARINE CARGO OPEN POLICY

### Preamble

WHEREAS the ASSURED named in the schedule hereto have represented to THE NEW INDIA ASSURANCE COMPANY LIMITED (hereinafter called company) that they are interested in or duly authorized to make the insurance mentioned and have paid or agreed to pay the premium hereinafter stated THE COMPANY HEREBY PROMISES AND AGREES with the assured, their Executors, Administrators and assigns that the company will insure against loss damage liability or expenses subject to Clauses, Endorsement, Conditions and Warranties contained herein/in the schedule.

| Insured Details |                                                                                                                        | Issuing Office Details |                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------|
| Insured Name    | : DURGESH IMPEX PVT LTD .                                                                                              | Office Code            | : AHMEDNAGAR D.O. 151800 (151800)                                                      |
| Customer ID     | : PO79144433                                                                                                           | Address                | : ABBOT BUILDING, 2ND FLOOR,<br>NEAR ASHOKA HOTEL, KINGS<br>ROAD,<br>AHMEDNAGAR,414001 |
| Address         | : GAT NO 67 AT ( BHOD KURD )<br>,TALUKA DHARANGAON<br>,DIST JALGAON<br><br>DHARANGAON(JALGAON)<br>,MAHARASHTRA, 425105 | Phone No               | : 02412321538 / 02412329761                                                            |
| Phone No        | :                                                                                                                      | E-mail/Fax             | : nia.151800@newindia.co.in/024123414<br>39                                            |
| E-mail/Fax      | : jalgaon@durgeshimpex.in,<br>kailashjain@jainuineinsurance.co.in/                                                     | S.Tax Regn. No         | : AAACN4165CST178                                                                      |
| PAN No          | :                                                                                                                      | GSTIN                  | : 27AAACN4165C3ZP                                                                      |
| GSTIN/UIN       | : 27AACCD1075D1Z2 / NA                                                                                                 | SAC                    | : 997135 (Marine,aviation and other<br>transport insurance srv)                        |
|                 | :                                                                                                                      |                        |                                                                                        |

| Policy Details      |                                                              | Business Source Code                               |                                                                                                                |
|---------------------|--------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Policy Number       | : 15180021210200000198                                       | Dev.Off. level/Broker/Web<br>Aggregator            | : JAINUINE INSURANCE BROKERS<br>PVT. LTD. - (DA3388757)<br>JAINUINE INSURANCE BROKERS<br>PVT.LTD. (SI00028623) |
| Period of Insurance | : From: 18/11/2021 01:27:32 PM To:<br>17/11/2022 11:59:59 PM | Agent/Bancassurance/Spe<br>cified Person/CPSC User | :                                                                                                              |
| Prev. Policy no.    | :                                                            | Phone No                                           | : 02402350377, 9850049400 / NA                                                                                 |
| Client Type         | : Non-Corporate                                              | E-mail/Fax                                         | : kailash@jainuineinsurance.co.in, //                                                                          |

| Co-Insurance Details |                                                   |                           |            |       |
|----------------------|---------------------------------------------------|---------------------------|------------|-------|
| Incoming/Outgoing    | Company                                           | Office Code               | % of Share | Share |
| OUT                  | CHOLAMANDALAM MS<br>GENERAL INSURANCE<br>CO. LTD. | 210301_PUNE BRANCH -<br>1 | 49         | 6125  |
| OUT                  | NEW INDIA ASSURANCE<br>CO. LTD.                   | AHMEDNAGAR D.O.<br>151800 | 51         | 6375  |

| Premium Details |      |               |                  |                                                                 |                                 |
|-----------------|------|---------------|------------------|-----------------------------------------------------------------|---------------------------------|
| Premium         | GST  | Stamp<br>Duty | Total Premium(₹) | Rupees (in words)                                               | Receipt No and Date             |
| 12500           | 2250 | 1             | 14751            | RUPEES FOURTEEN<br>THOUSAND SEVEN<br>HUNDRED FIFTY-<br>ONE ONLY | 15180081210000008966 - 20/11/21 |

| Journey Details      |                   |                |
|----------------------|-------------------|----------------|
| Journey From         | Journey To        | Transport Mode |
| Anywhere in India to | Anywhere in India | Others         |

Total Sum Insured (₹) : Risk 1 :: 50000000  
 Basis of valuation + % Extra for Cargo Sum Insured : Risk 1 :: CIF + 10  
 Commodity description : Risk 1 :: All types of Vegetable Oil and Cotton Seed wash oil  
 Packaging description : Risk 1 :: Standard and Customary

Policy No. : 15180021210200000198 Document generated by 24768 at 20/11/2021 13:36:23 Hours.  
 Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.  
 Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



|                                |                          |
|--------------------------------|--------------------------|
| Single Carrying Limit (₹)      | : Risk 1 :: 6000000      |
| Limit per any one Vessel (₹)   | : Risk 1 :: 0            |
| Limit per any one Aircraft (₹) | : Risk 1 :: 0            |
| Limit per Registered Post (₹)  | : Risk 1 :: 0            |
| Limit per location (₹)         | : Risk 1 :: 50000000     |
| Transit By                     | : Risk 1 :: Rail/Road    |
| Place of Storage               | : Risk 1 :: NA           |
| Days of Storage                | : Risk 1 :: NA           |
| Risk Covered                   | : Risk 1 :: ITC-A, SRCC, |

|               |                                                                     |
|---------------|---------------------------------------------------------------------|
| <b>Excess</b> | : Excess Applicable on - Claim Amount, Excess(%) Claim Amount - .5% |
|---------------|---------------------------------------------------------------------|

**Terms of Insurance**

Subject to Open Policy Clause and the following clauses written and attached hereunder, current on date of sailing or dispatch and/or otherwise stated. This Insurance is subject to Important notice, conditions and warranties attached herewith. Also this contract is subject to such regulations as in force at the time of risk on each dispatch/shipment attaches hereunder.

The Declaration should be furnished, in case of imports within 15 days from the date of the shipment or immediately on receipt of shipping documents or before arrival of ship, whichever is earlier, and in case of exports immediately on shipment.

This insurance is to remain in force for a period of 12 months i.e. from 18/11/2021 01:27:32 PM to 17/11/2022 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Inland Transit (Rail or Road) Clause - A
- 2) Subject to Duty Insurance Clause
- 3) Subject to Increase Value Clause
- 4) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
- 5) Machinery Subject to Clause : Institute Replacement Clause -01.01.34
- 6) Subject To Sellers Interest Clause
- 7) Limit Per Location Clause: Not withstanding anything to the contrary contained in this contract, underwriters liability in respect of any one accident or series of accidents arising from the same event in any one location shall not exceed the Limit Per Location amount stated in the policy/open cover.
- 8) Communicable Disease Exclusion Clause (Cargo) JC2020-011
- 9) Institute Radioactive Contamination Exclusion Clause (1.10.1990)
- 10) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370
- 11) Termination of Transit Clause JC2009/056 01/01/2009
- 12) Subject to Important Notice Clause
- 13) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010)
- 14) Subject to Private Carriers Warranty
- 15) Subject to closed vehicle Warranty
- 16) Cargo Termination of Transit (Storage) Clause
- 17) Special Condition: Coverage for Loading and Unloading

Each and every consignment should be declared through email on a monthly basis into the excel sheet format. In respect of spot sales, only those consignments are required to be declared

**Survey & Claim Settlement By**

In Case of IMPORTS/DOMESTICS :  
Survey : In the event of loss or damage which may result in a claim under this Insurance immediate notice must be given to the Policy Issuing Office or nearest Branch/Divisional Office.

Nearest New India Assurance Company's Office or The Policy Issuing Office

**Claims Payable By:**

Policy Issuing Office

|                      | Rate of Tax | Amount in INR |
|----------------------|-------------|---------------|
| <b>Taxable Value</b> |             | ₹12501        |
| <b>SGST</b>          | 9           | 1125          |
| <b>CGST</b>          | 9           | 1125          |
| <b>IGST</b>          | 0           | 0             |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 20th day of November, 2021



For and on behalf of  
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Tax Invoice No : 15180021P0010929

**IRDA Registration Number: 190**