



# 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    | : | SIDDHIVINAYAK COTTEX  |                        |   |  |  |
| Customer ID     | : | PO95859560  | Office Code            | : | AURANGABAD DO-160400 (160400)                                    |  |
| Address         | : | 265/1/2 ,STATION ROAD AT BODWAD<br>,TALUKA BODWAD ,DIST JALGAON<br>425310<br>JALGAON .MAHARASHTRA, 425310 | Address                | : | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |
| Phone No        |   | JALGAON ,MAHARASITIKA, 423310   | Phone No               |   | 02402333572 / 02402333361  |  |
| E-mail/Fax      | : | svcottex@gmail.com, /   | E-mail/Fax             | : | nia.160400@newindia.co.in/024023312<br>26                        |  |
| PAN No          | : |   | S.Tax Regn. No         | : | AAACN4165CST178  |  |
| GSTIN/UIN       | : | 27ACOFS3017R1ZE / NA  | GSTIN                  | : | 27AAACN4165C3ZP  |  |
|                 | : |   | SAC                    | : | 997135 (Marine, aviation and other transport insurance srvc)     |  |

| Policy Details                       |   |  | Business Source Code                               |   |                                     |  |
|--------------------------------------|---|--|--|---|-------------------------------------|--|
| Policy Number : 16040021210200000333 |   | Dev.Off. level/Broker/Web<br>Aggregator                    |  | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |                                     |  |
| Period of Insurance                  | : | From: 17/03/2022 12:12:54 PM To:<br>16/03/2023 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         | 4410  |
| OUT               | NEW INDIA ASSURANCE<br>CO. LTD.                   | AURANGABAD DO-<br>160400  | 51         | 4590  |

|         | Premium I | Details       |                  |   |                                 |
|---------|-----------|---------------|------------------|---|---------------------------------|
| Premium | GST       | Stamp<br>Duty | Total Premium(₹) | Rupees (in words)   | Receipt No and Date             |
| 9000    | 1620      | 1             | 10621            | RUPEES TEN<br>THOUSAND SIX<br>HUNDRED TWENTY-<br>ONE ONLY | 16040081210000014235 - 17/03/22 |

| Journey Details                        |   |                |  |
|--|---|----------------|--|
| Journey From                           | Journey To  | Transport Mode |  |
| Anywhere in India To                   | Anywhere in India.                                | Rail/Road      |  |
| Total Sum Insured (₹)                  | : Risk 1 :: 3000000                               |                |  |
| Basis of valuation + % Extra for Cargo | $\mathbf{Pick} 1 \cdots \mathbf{C} \mathbf{+} 10$ |                |  |

| Sum Insured                  | : RISK I :: C + 10                     |
|------------------------------|--|
| Commodity description        | : Risk 1 :: Commodity: Cotton FP Bales |
| Packaging description        | : Risk 1 :: Standard and Customary     |
| Single Carrying Limit (₹)    | : Risk 1 :: 8000000                    |
| Limit per any one Vessel (₹) | : Risk 1 :: 0                          |
|                              |  |

Policy No. : 16040021210200000333Document generated by 37650 at 17/03/2022 12:19:44 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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 websit http://newindia.co.in.



| Limit per any one Aircraft (₹) | : Risk 1 :: 0  |
|--------------------------------|--|
| Limit per Registered Post (₹)  | : Risk 1 :: 0  |
| Limit per location (₹)         | : Risk 1 :: 3000000                                    |
| 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,                               |
| Excess                         | : Excess Applicable on - Claim Amount, Excess(%) Claim |

#### 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 immidiately on reciept of shipping documents or before arrival of ship, whichever is earlier, and in case of exports immidiately on shipment.

This insurance is to remain in force for a period of 12 months i.e. from 17/03/2022 12:12:54 PM to 16/03/2023 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Subject to Duty Insurance Clause 2) Subject to Increase Value Clause
- Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
   Inland Transit (Rail or Road) Clause A (2010)
   Machinery Subject to Clause : Institute Replacement Clause -01.01.34

- Subject To Sellers Interest Clause 6)

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

Communicable Disease Exclusion Clause (Cargo) JC2020-011
 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: All risk + SRCC+ ITC A + Invoice + 10 %.

Coverage for Loading and Unloading, Entire Sales and Purchases to be covered. Each and every consignment should be declared through email on a monthly basis in excel sheet format.

## 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 |
|---------------|-------------|---------------|
| Taxable Value |             | ₹9001         |
| SGST          | 9           | 810           |
| CGST          | 9           | 810           |
| IGST          | 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 17th day of March,2022

> For and on behalf of The New India Assurance Company Limited

Amount - .5%

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Duly Constituted Attorney(s)

To intimate a Marine Cargo Claim, please visit the url https://newindia.co.in/portal/intimateClaim

Tax Invoice No : 16040021P0021148

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C