



transport insurance srvc)

MARINE CARGO SPECIFIC VOYAGE 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	:	M/S K K FIBERS			
Customer ID	:	PO85816839	Office Code	:	AHMEDNAGAR D.O. 151800 (151800)
Address	:	NIRANJAN NAGAR, KHARGAONE, MADHYA PRADESH KHARGAONE ,MADHYA PRADESH, 451001	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:		Phone No	:	02412321538 / 02412329761
E-mail/Fax	:	kkfibers@gmail.com, /	E-mail/Fax	:	nia.151800@newindia.co.in/024123414 39
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AAHFK9739P1ZK / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC		997135 (Marine aviation and other

Policy Details				Business Source Code			
Policy Number	:	15180021210100000036	Dev.Off. leve Agent/Web Aggregator/0	el/Broker/Corp. CPSC User	:	JAINUINE INSURANCE BROKERS PVT. LTD (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)	
Date of Issue	:	09/12/2021 04:52:16 PM	Agent/Banca cified Persor	ssurance/Spe	:		
Date of Proposal	:	09-Dec-21	Phone No		:	02402350377, 9850049400 / NA	
Client Type		Non-Corporate	E-mail/Fax		l :	kailash@iainuineinsurance.co.in. //	

Premium Details

Premium	GST	Stamp Duty	Total (₹)	Rupees (in words)	Receipt No. & Date
2487	448	1	2936	RUPEES TWO THOUSAND NINE HUNDRED THIRTY- SIX ONLY	151800812100000 09923 - 09/12/21

Journey Details

, ca, 2 cta				
Journey From	Journey To	Transport Mode		
KHARGONE	BUDHANI (M.P.)	Road		

Cargo Sum Insured (₹) : 3110000 Cargo Sum Insured in Foreign Currency : NA

Lorry Receipt(LR) Number : 0877 Date : NA Marks and nos : TRUCK NO. MH-37-J-2405

Basis of valuation + % Extra for

Commodity

: CIF + 10

Transit Type : Road

Consignment Invoice No & Date : GRUARUI543 & 08-Dec-2021 Commodity description : FULL PRESS COTTON BELES ONLY

Packaging description : Standard and Customary

Risk Covered : ITC-A SRCC

Excess : .5 % of Claim

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Terms of Insurance-

As per following clauses written hereunder, current on date of sailing or dispatch and/or otherwise stated. This Insurance is subject to Important notice, conditions and warranties attached. Also this contract is subject to such regulations as in force at the time the risk hereunder.

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

- 5) Subject to Duty Insurance Clause
 6) Communicable Disease Exclusion Clause (Cargo) JC2020-011
 7) Institute Radioactive Contamination Exclusion Clause (1.10.1990)
 8) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370

- 9) Termination of Transit Clause JC2009/056 01/01/2009
 10) Subject to Important Notice Clause
 11) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010)
 12) Cargo Termination of Transit (Storage) Clause
 13) Special Condition: TC- A, All risk + SRCC

Invoice/ BILL NO. GRU/ARUI/543, EWAY BILL 601361169357, BALES- 100

LR/ BILTY NO. 0877, Date of LR/ BILTY - 08/12/2021. Vehicle NO. MH-37-J2405

Survey & Claim Settlement

In the event of loss or damage which may result in a claim under this Insurance immediate notice must be given to Nearest New India Assurance Company's Office or The Policy Issuing Office without which no claim or loss will be paid.

Claim Pavable Bv:

In the event of loss or damage which may result in a claim under this insurance immediate notice must be given to Policy Issuing Office

Premium and GST Details

	Rate of Tax	Amount in INR
Taxable Value		2488
SGST	0	0
CGST	0	0
IGST	18	448

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 09th day of December,2021

To view the certificate details please visit :https://online.newindia.co.in/authenticatecertificate.	For and on behalf of The New India Assurance Company Limited		
Date of Issue: 09/12/2021			

Duly Constituted Attorney(s)

Tax Invoice No: 15180021P0012122

IRDA Registration Number: 190