



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. VIVEK INDUSTRIES	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Customer ID	: PO90814493	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR, 414001
Address	: KHANDWA ROAD, KHARGONE, MADHYA PRADESH, KHARGAONE ,MADHYA PRADESH, 451001	Phone No	: 02412321538 / 02412329761
Phone No	: XXXXXX7204	E-mail/Fax	: nia.151800@newindia.co.in/02412341439
E-mail/Fax	: ashwinmahajan87204@gmail.com, /	S.Tax Regn. No	: AAACN4165CST178
PAN No	: AAGFV9341K	GSTIN	: 27AAACN4165C3ZP
GSTIN/UIIN	: 23AAGFV9341K1ZU / NA	SAC	: 997135 (Marine,aviation and other transport insurance srvc)

Policy Details		Business Source Code	
Policy Number	: 15180021210100000037	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
Date of Issue	: 10/12/2021 03:31:35 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 10-Dec-21	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, //

Premium Details					
Premium	GST	Stamp Duty	Total (₹)	Rupees (in words)	Receipt No. & Date
3040	547	1	3588	RUPEES THREE THOUSAND FIVE HUNDRED EIGHTY-EIGHT ONLY	15180081210000010012 - 10/12/21

Journey Details		
Journey From	Journey To	Transport Mode
KHARGONE TO	MUNDRA (GUJRAT.)	Rail/Road/Air

Cargo Sum Insured (₹) : 3800000
 Cargo Sum Insured in Foreign Currency : NA
 Lorry Receipt(LR) Number : BILTY NO 950 Date : NA
 Marks and nos : VEHICLE NO. MP-09-HH-5259
 Basis of valuation + % Extra for Commodity : CF + 10
 Transit Type : Road
 Consignment Invoice No & Date : VI271 & 10-Dec-2021
 Commodity description : COTTON BELES
 Packaging description : Standard and Customary
 Risk Covered : ITC-A SRCC

Excess	: 0
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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
- 2) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
- 3) Machinery Subject to Clause : Institute Replacement Clause -01.01.34
- 4) Subject to Duty Insurance Clause
- 5) Subject to Increase Value 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) Subject to Private Carriers Warranty
- 13) Subject to closed vehicle Warranty
- 14) Cargo Termination of Transit (Storage) Clause
- 15) Special Condition: All risk + SRCC+ ITC A + Invoice - 10 %.

Coverage for Loading and UnloadinG

Excess Clause: 0.50% of the admissible claim amount or ₹ 500 whichever is higher

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 Payable By:

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		3041
SGST	0	0
CGST	0	0
IGST	18	547

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 10th day of December,2021

To view the certificate details please visit
[:https://online.newindia.co.in/authenticatcertificate.](https://online.newindia.co.in/authenticatcertificate)

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 10/12/2021

Duly Constituted Attorney(s)

Tax Invoice No : 15180021P0012222

IRDA Registration Number: 190