



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	: SHREE KALKA COTEX	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Customer ID	: PO94049930	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR, 414001
Address	: AT. PAHUR ROAD, SHENDURNI, DIST. JALGAON 424204 JALGAON ,MAHARASHTRA, 424204	Phone No	: 02412321538 / 02412329761
Phone No	: XXXXXX0053	E-mail/Fax	: nia.151800@newindia.co.in/02412341439
E-mail/Fax	: mg_kalka@yahoo.com, /	S.Tax Regn. No	: AAACN4165CST178
PAN No	: AAYFS9248N	GSTIN	: 27AAACN4165C3ZP
GSTIN/UIN	: 27AAYFS9248N1ZV / NA	SAC	: 997135 (Marine,aviation and other transport insurance srvc)

Policy Details		Business Source Code	
Policy Number	: 15180021210100000042	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	: 31/12/2021 05:43:05 PM	Agent/Bancassurance/Specialized Person	
Date of Proposal	: 31-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
900	162	1	1063	RUPEES ONE THOUSAND SIXTY-THREE ONLY	10000892112007 38782 - 31/12/21

Journey Details		
Journey From	Journey To	Transport Mode
NAIGAON, Maharashtra 431709	VILL- DUDHOLA, DIST- PALWAL, Haryana 121102.	Road

Cargo Sum Insured (₹) : 1123423
Cargo Sum Insured in Foreign Currency : NA
Lorry Receipt(LR) Number : S81 Date : 31/12/2021
Marks and nos : TRUCK NO. RJ-02-GB-5835
Basis of valuation + % Extra for Commodity : CIF + 10
Transit Type : Road
Consignment Invoice No & Date : S81 & 31-Dec-2021
Commodity description : Seed and Bardan
Packaging description : Standard and Customary
Risk Covered : ITC-A
SRCC

Excess	: .5 % of Claim
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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 (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: Cover Risk:

- 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

Taxable Value	Rate of Tax	Amount in INR
		901
SGST	9	81
CGST	9	81
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 31st day of December,2021

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

Date of Issue: 31/12/2021

For and on behalf of
The New India Assurance Company Limited

(Premchand Abarao More)
[DIVISIONAL MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No : 15180021P0013546

IRDA Registration Number: 190



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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 website <http://newindia.co.in>.