



### 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	
<b>Insured Name</b>	: SHREE KALKA COTEX	<b>Office Code</b>	: AHMEDNAGAR D.O. 151800 (151800)
<b>Customer ID</b>	: PO94049930	<b>Address</b>	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
<b>Address</b>	: AT. PAHUR ROAD, SHENDURNI, DIST. JALGAON 424204  JALGAON ,MAHARASHTRA, 424204	<b>Phone No</b>	: 02412321538 / 02412329761
<b>Phone No</b>	: XXXXXX0053	<b>E-mail/Fax</b>	: nia.151800@newindia.co.in/024123414 39
<b>E-mail/Fax</b>	: mg_kalka@yahoo.com, /	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>PAN No</b>	: AAYFS9248N	<b>GSTIN</b>	: 27AAACN4165C3ZP
<b>GSTIN/UIN</b>	: 27AAYFS9248N1ZV / NA	<b>SAC</b>	: 997135 (Marine,aviation and other transport insurance srvc)

Policy Details		Business Source Code	
<b>Policy Number</b>	: 15180021210100000045	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
<b>Date of Issue</b>	: 12/01/2022 03:36:17 PM	<b>Agent/Bancassurance/Specialized Person</b>	:
<b>Date of Proposal</b>	: 12-Jan-22	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, //

Premium Details					
Premium	GST	Stamp Duty	Total (₹)	Rupees (In words)	Receipt No. & Date
977	176	1	1154	RUPEES ONE THOUSAND ONE HUNDRED FIFTY-FOUR ONLY	100000892101002 84087 - 12/01/22

Journey Details		
Journey From	Journey To	Transport Mode
NAIGAON, Maharashtra	NAGPUR Rajasthan	Road

**Cargo Sum Insured (₹)** : 1219950  
**Lorry Receipt(LR) Number** : 201381746064  
 Date : 12/01/2022  
**Marks and nos** : TRUCK NO. RJ-37-GA-7429  
**Basis of valuation + % Extra for Commodity** : CF + 10  
**Transit Type** : Road  
**Consignment Invoice No & Date** : S88 & 12-Jan-2022  
**Commodity description** : Seed and Bardan  
**Packaging description** : Standard and Customary  
**Risk Covered** : ITC-A  
 SRCC

<b>Excess</b>	: .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) Communicable Disease Exclusion Clause (Cargo) JC2020-011
- 4) Institute Radioactive Contamination Exclusion Clause (1.10.1990)
- 5) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370
- 6) Termination of Transit Clause JC2009/056 01/01/2009
- 7) Subject to Important Notice Clause
- 8) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010)
- 9) Cargo Termination of Transit (Storage) Clause
- 10) 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**

	Rate of Tax	Amount in INR
<b>Taxable Value</b>		978
<b>SGST</b>	9	88
<b>CGST</b>	9	88
<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 12th day of January,2022

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

Date of Issue: 12/01/2022

For and on behalf of  
The New India Assurance Company Limited

( Premchand Abarao More)  
[DIVISIONAL MANAGER]

Duly Constituted Attorney(s)

Tax Invoice No : 15180021P0014135

**IRDA Registration Number: 190**