



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



**THE NEW INDIA ASSURANCE CO. LTD.**  
Issuing Office code:AHMEDNAGAR D.O. 151800 (151800)  
Address:ABBOT BUILDING, 2ND FLOOR,  
NEAR ASHOKA HOTEL, KINGS ROAD,  
AHMEDNAGAR,414001  
Phone:02412321538 / 02412329761  
Fax:02412341439 E-mail:nia.151800@newindia.co.in

GSTIN	:	27AAACN4165C3ZP
SAC	:	997135 (Marine,aviation and other transport insurance svrc)

**MARINE CARGO Open Cover CERTIFICATE**

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 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.			
M/S.INSPIREON ENTERPRISES PVT LTD		Open Cover Policy No:- 15180021220300000003	Certificate No:- 15180021220400000033
LEVEL 10,86686/B/6/D/K,ROAD NO.12, BANJARA HILLS, HYDERABAD, Hyderabad ,TELANGANA, 500034 GSTIN/UIN: 36AABCI7862G1ZE/NA		BL/AWB/LR/RR No:-NA	BL/AWB/LR/RR Date:- 18/05/2022
FROM PLACE (ITALY)	VIA	TO PLACE ICD HYDERABAD-INDIA	
Port of Loading:- (ITALY)		Port of Discharge:-ICD HYDERABAD-INDIA	
Journey Start Date:-13/06/2022		Commodity Description:-MODULAR KITCHENS APPLIANCES, ELECTRONIC AND ELECTRICAL ITEMS ETC,ALL TYPES OF GLASSES AND GOODS RELATED TO INSURED BUSINESS	
Letter of Credit No :-		Date of issuance of Letter of Credit :-	
Consignment Invoice Serial Number	Consignment Invoice Number	Consignment Invoice Date	
1	2932	18/05/2022	
Marks & No:-NA	Consignee Name:-M/S.INSPIREON ENTERPRISES PVT LTD LEVEL 10,86686/B/6/D/K,ROAD NO.12, BANJARA HILLS, HYDERABAD, Hyderabad ,TELANGANA, 500034	Vessel Details:-NA	
Sum Insured₹:-7725189		Sum Insured(Foreign Currency):-NA	
Duty Value: 0		Excess:-1 % OF CLAIM AMOUNT	
Collection Number:-15180081220000003665		Collection Date:-14 / 06 / 22	
Gross Premium(₹): 8498	GST(₹): 1530	Stamp Duty(₹): 0	Net Premium(₹): 10028

**CLAUSES,SPECIAL CONDITIONS AND WARRANTIES**

<p>1) Warranted the shipment by an approved class vessel complying with the provisions of the Institute Classification clause - 01.01.2001 with the Held Cover provision of the same stands deleted"</p> <p>2) Warranted the vessel is ISM Code compliant as per the ISM Code Endorsement as attached</p> <p>3) Communicable Disease Exclusion Clause (Cargo) JC2020-011</p> <p>4) Institute Classification Cl. - 1.1.2001(amended)</p> <p>5) Institute Radioactive Contamination Exclusion Clause (1.10.1990)</p> <p>6) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370</p> <p>7) Termination of Transit Clause JC2009/056 01/01/2009</p> <p>8) Subject to Important Notice Clause</p> <p>9) Subject to Sanctions, Limitation &amp; Exclusion Clause JC 2010/014(11.08.2010)</p> <p>10) Subject to Private Carriers Warranty</p> <p>11) Subject to closed vehicle Warranty</p> <p>12) Cargo Termination of Transit (Storage) Clause</p> <p>13) Special terms and conditions: AS PER POLICY CONDITION</p> <p>Invoice No. 29,32</p> <p>Subject to Terms,Conditions and warranties of Policy No.15180021220300000003</p>
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Policy No. : 15180021220400000033 Document generated by 35568 at 14/06/2022 15:08:12 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 website <http://newindia.co.in>.



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**Premium and GST Details**

	Rate of Tax	Amount in INR
Taxable Value		8498
SGST	0	0
CGST	0	0
IGST	18	1530

Claim Survey Agent:- Nearest New India Assurance Company's Office or The Policy Issuing Office	Claim Settling Agent:- Policy Issuing Office
<b>IMPORTANT PROCEDURE IN THE EVENT OF LOSS OR DAMAGE FOR WHICH UNDERWRITERS MAY BE LIABLE</b>	
<b>LIABILITY OF CARRIERS, BAILEES OR OTHER THIRD PARTIES</b>	<b>INSTRUCTION FOR SURVEY</b>
It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable for the purpose of averting or minimising a loss and to ensure that all rights against Carriers, Bailees or other third parties are properly preserved and exercised. In particular, the Assured or their agents are required.	In the event of loss or damage which may involve a claim under this insurance, immediate notice of such loss or damage should be given to and a Survey Report obtained from the Company's representative at port of discharge or destination or if there be no representative of the Company, the nearest Lloyd's Agent.
1. To claim immediately on the Carriers, Port Authorities or other Bailees for any missing packages.	<b>DOCUMENTATION OF CLAIMS</b>
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.	To enable claims to be dealt with promptly, the Assured or their Agents are advised to submit all available supporting documents without delay, including
3. When delivery is made by container, to ensure that the container and its seals are examined immediately by their responsible official. If the Container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.	1. Original Policy of Insurance. 2. Original or copy shipping invoices, together with shipping specification and/or weight notes. 3. Original Bill of Lading and/or other contract of carriage.
4. To apply immediately for survey by Carriers or other Bailees Representatives if any loss or damage be apparent and claim on the Carriers or other Bailees for any actual loss or damage found at such survey.	4. Survey report or other documentary evidence to show the extent of the loss or damage.
5. To give notice in writing to the Carriers or other Bailees within 3 days of delivery if the loss or damage was not apparent at the time of taking delivery.	5. Landing account and weight notes at final destination. 6. Correspondence exchanged with the Carriers and other Parties regarding their liability for the loss or damage.

To view the certificate details please visit  
: <https://online.newindia.co.in/authenticatecertificate>.

For and on behalf of The New India Assurance Co. Ltd..

Authorised Signatories

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

Tax Invoice No : 15180022P0004416

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**