| पॉलिसी अनुसूची/ Policy Schedule - Marine Cargo Open Policy  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Policy Number:<br>321800212210000065  | व्यवसाय स्त्रोत /Business Source: 910275                                      |  |  |  |  |  |
|   | <u>विक्रिय चैनल विविरण/<b>Sales Channel</b></u> Code:<br>91027500000001       |  |  |  |  |  |
| जारीकर्ता कार्यालय/Issuing Office   | नाम /Name: Jainuine insurance brokers pvt                                     |  |  |  |  |  |
| कार्यालय कोड /Office Code: 321800   | Itd - Indore Contact Number: 9893131223                                       |  |  |  |  |  |
| कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,,   | सह दलाल कोड / Co Broker Code:   |  |  |  |  |  |
| · 455001.<br>State Code: 23 , Madhya Pradesh<br>GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | कस्टमर केयर टॉल फ्री नंबर/Customer<br>Care Toll Free Number:<br>1800 345 0330 |  |  |  |  |  |
|   | ईमेल/   |  |  |  |  |  |
|   | email:customer.support@nic.co.in  |  |  |  |  |  |

Whereas the Assured named in the Schedule hereto have represented to National Insurance Company LTD (hereinafter called the "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 Clause, Endorsement Conditions and Warranties contained in the Schedule.

| ग्राहक का नाम /Customer Name: M/S SIDDHIVINAYAK GINNING PRESSING  | ग्राहक आईडी /Customer ID:<br>9701935460 | पैन /PAN: ACCFS4857R |  |
|---|---|----------------------|--|
| पता/ Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST   | फोन /Phone:                             |                      |  |
| JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893131223 | ई-मेल /E-Mail: slibindore@gmail.co      | om                   |  |

| _  |             | कवर नोट संख्या और तथि 7 Cover  |                                   |  |  |
|--|-------------|--|-----------------------------------|--|--|
| प्रीमयिम/ Premium  | ₹ 20,000.00 | Note Number and Date   | लागू नहीं/NA                      |  |  |
| CGST   | ₹ 0.00      |  |                                   |  |  |
| SGST/UTGST   | ₹ 0.00      |  | 8800220926435041 Dt. 26/09/2022   |  |  |
| IGST   | ₹ 3,600.00  | प्रस्ताव संख्या और तथि। Proposal   |                                   |  |  |
| कम:जीएसटी_टीडीएस /<br>Less:GST_TDS                             | ₹ 0.00      | Number and Date  |                                   |  |  |
| पुनर्पराप्ति योग्य स्टाम्प<br>इयूटी<br>'Recoverable Stamp Duty | ₹ 0.50      | रसीद संख्या और तथिि Receipt<br>Number and Date                                       | 321800812210003134 Dt. 26/09/2022 |  |  |
| कुल /Total Amount  | ₹ 23,601.00 | पछिली पॉलिसी संख्या और समाप्ती<br>तथि7ि<br>Previous Policy Number and<br>Expiry Date | लागू नहीं/NA                      |  |  |

|                               |                     |   |                        | Оре                         | en Policy |          |                |            |                      |
|-------------------------------|---------------------|---|------------------------|-----------------------------|-----------|----------|----------------|------------|----------------------|
| Limit Per transit 90,000      |                     |   | .00 Limit per location |                             |           | 1,80,0   | 1,80,00,000.00 |            |                      |
| Voyage From Country           | Voyage T<br>Country | o | Voyage From            | oyage From Voyage To Via Po |           | Via Port | V              | ia Airport | Status of<br>Insured |
| India                         | India               |   | ANY WHERE IN<br>INDIA  | ANY WHERE IN INDIA          |           | NA       | N              | NA Ow      |                      |
| Declaration Frequency Monthly |                     |   |                        | Multi trans                 | sit cover | '        | No             | ·          |                      |
| Mode of Transit By Road       |                     |   |                        |                             |           |          |                |            |                      |

| Details of Packaging and Commodity           |                      |                    |  |  |  |  |
|--|----------------------|--------------------|--|--|--|--|
| Commodity Packaging Sum Inst                 |                      |                    |  |  |  |  |
| COTTON /F P BALES(PACKING FP BALES/STANDARD) | Bales(Fully Pressed) | INR 5,00,00,000.00 |  |  |  |  |
| Storage description                          |                      |                    |  |  |  |  |

| Policy Number:  | rgo Open Policy   |  |  |  |
|---|---|--|--|--|
| 321800212210000065  | व्यवसाय स्त्रोत /Business Source: 910275                        |  |  |  |
|   | विक्रय चैनल विवरण/ <b>Sales Channel</b> Code:<br>91027500000001 |  |  |  |
| जारीकर्ता कार्यालय/Issuing Office   | नाम /Name: Jainuine insurance brokers pvt                       |  |  |  |
| कार्यालय कोड /Office Code: 321800   | Itd - Indore Contact Number: 9893131223                         |  |  |  |
| कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,, | सह दलाल कोड / Co Broker Code:                                   |  |  |  |
| - 455001.<br>State Code: 23 , Madhya Pradesh                                | कस्टमर केयर टॉल फ्री नंबर/Customer                              |  |  |  |
| GSTIN: 23AAACN9967E1ZB  | Care Toll Free Number:  |  |  |  |
| Contact Number: 7272 250074<br>Mobile Number:                               | 1800 345 0330   |  |  |  |
| Woolie Namber.  | ईमेल/   |  |  |  |
|   | email:customer.support@nic.co.in                                |  |  |  |

| Description of storage  |                       | Period /time (In weeks)   |  |  |
|---|-----------------------|---|--|--|
| N/A   |                       | N/A   |  |  |
| Term Of Cover  As per the clauses writ stated and attached he |                       | ten hereunder, current on date of sailing or dispatch and /or otherwise ereto |  |  |
| Clauses / Special Condition/Warranties                        | As per Annexure I     |   |  |  |
| Important notice (claim)                                      | As per attached docum | nent  |  |  |

| Survey and claim settlement   |  |                                     |                                  |  |  |  |  |  |  |
|---|--|-------------------------------------|----------------------------------|--|--|--|--|--|--|
| Survey Agent Details  |  |                                     |                                  |  |  |  |  |  |  |
| Jurisdiction of Claim settling agencies/Region of the world                     | Mail ID  | Telephone No Fax No                 |                                  |  |  |  |  |  |  |
| India   | Contact nearest Division/Branch offic              | e of National Insurance Compan      | y .                              |  |  |  |  |  |  |
| Canada, USA, North  | eimc@eimc.com,                                     | +1 201 963 3355                     | +1 201 963 4015                  |  |  |  |  |  |  |
| America, South America and Polynesia up to the east of International Date line. | james.lynch@eimc.com                               | +1 201 942 1204                     | +1 201 963 4015                  |  |  |  |  |  |  |
| For far East and Australia & Asia   | info@wkwebster.com and/or<br>dlim@wkwebster.com    | 00 65 85224379 /020<br>83007744     | 00 65 62250428 / 020<br>83091266 |  |  |  |  |  |  |
| All other Region except above   | info@wkwebster.com<br>and/or kwright@wkwebster.com | 00 44 77 15003651 / 020<br>83007744 | 020 83091266                     |  |  |  |  |  |  |

टप्पिणयां/ Remarks: ALL RISCK WITH SRCC

EXCESS 0.50% OF THE CONSIGNMENT VALUE OR RS 5000/- WHHICHEVER IS HIGHER

COVERAGE FOR LOADING AND UNLOADING

BASIS OF VALUATION COST INSURANCE AND FREIGHT(CIF)+10%

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुस्ची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुस्ची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता निर्म्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 26/September/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website https://nationalinsurance.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

| पॉलिसी अनुसूची/ Policy Schedule - Marine Cai  | rgo Open Policy  |  |  |  |
|---|--|--|--|--|
| Policy Number:<br>321800212210000065  | व्यवसाय स्त्रोत /Business Source: 910275   |  |  |  |
|   | <u>विक्रय चैनल विवरण/Sales Channel</u> Code:<br>91027500000001                         |  |  |  |
| जारीकर्ता कार्यालय/ <b>Issuing Office</b>   | नाम /Name: Jainuine insurance brokers pvt  |  |  |  |
| कार्यालय कोड /Office Code: 321800   | Itd - Indore Contact Number: 9893131223<br>सह दलाल कोड / Co Broker Code:               |  |  |  |
| कार् <b>यालय पता /Office Address: DEWAS</b><br>DIVISION 2-TARANI COLONY, A.B ROAD,,                                     |  |  |  |  |
| · 455001.<br>State Code: 23 , Madhya Pradesh<br>GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | कस्टमर केयर टॉल फ्री नंबर/Customer<br>Care Toll Free Number:<br>1800 345 0330<br>ईमेल/ |  |  |  |
|   | email:customer.support@nic.co.in   |  |  |  |

कृते नेशनल इन्श्योरेन्स कंपनी

कृतं नेशनल इन्श्योरेन्स कंपनी स्टांप इय्**से**मिटिड/ For and on behalf of National Insurance Stamp Company Limited Duty: (₹ 0.50)

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

इंश्योरेन्सइंडयालिमिटिड

## **TAX INVOICE**

Invoice Serial No: 30878C2P00000065 Invoice Date: 26/09/2022

Details of Supplier:

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

23, Madhya Pradesh State: GSTIN No: 23AAACN9967E1ZB

**Details Of Receiver**: M/S SIDDHIVINAYAK GINNING PRESSING Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST JALGAON MH

JALGAON - DISTRICT OTHERS, City:

District: JALGAON, State: MAHARASHTRA,

PIN: 425107.

Place Of Supply State : Maharashtra

State Code:

27ACCFS4857R1Z8 GSTIN No:

| सैक कोड/ व<br>SAC Code De | सेवा का<br>वविरण/<br>Descripti  | वविरण/ कुल/Total( | S Discou | टैक्स योग्य/<br>मूल्य/Taxable<br>Value(₹) |         |                         |         | यूटीजीएसटी/<br>UTGST  | आईजीएर  | ਸਟੀ/ <b>IGST</b>        | केरला बाढ़<br>उपकर/Kerala<br>Flood Cess |
|---------------------------|---|-------------------|----------|---|---------|-------------------------|---------|-----------------------|---------|-------------------------|---|
|                           |   |                   |          |   | दर/Rate | राशा∕ि<br>Amount(<br>₹) | दर/Rate | राशि<br>Amount(<br>₹) | दर/Rate | राशा∕ि<br>Amount(<br>₹) | राशा⁄िAmount(<br>₹)                     |
| 997135                    | Marine,<br>aviation,<br>and other<br>transport<br>insurance<br>services | 20,000            | 0%       | 20,000                                    | 0%      | 0                       | 0%      | 0                     | 18%     | 3,600                   | 0                                       |
| TOTAL                     |   | 20,000            |          | 20,000                                    |         | 0                       |         | 0                     |         | 3,600                   | 0                                       |

कुल इनवॉयस मूल्य (अंकों में )Total Invoice Value (In figures) :

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

**Twenty Three Thousand Six Hundred One** 

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

