



In consideration of the insured named herein paying to Cholamandalam MS General Insurance Company Ltd. (hereinafter called the Insurer) the premium as stated in the Schedule and in reliance upon the statements made by the Policyholder, the Insurer agrees to provide insurance against loss damage liability or expense to the extent and in the manner herein provided subject to all terms, conditions, exceptions and warranties hereinafter set forth.

Policy No	2455/00022505/000/00
Name of the Assured / Insured	MS LAXMINARAYAN FIBER PVT LTD
Address of the Assured	GUT NO 275 HELESWADI AT MANTHA JALNA H.O JALNA MAHARASHTRA PIN - 431203
Aadhar No.:	-
PAN No.:	-
Period of Insurance	From 00:01 hrs on 13/09/2022 To 23:59 hrs on 12/09/2023
Transit Details	Anywhere in the India to Anywhere in India
Sum Insured (Cargo)	INR 9,800,000.00
Limit Per Sending	INR 4,900,000.00
Limit Per Location	INR 4,900,000.00
Subject Matter Insured	Cotton F.P. Bales
Packing	Standard and Customary
Mode of Conveyance	Rail, Road
Basis of valuation (Cargo)	CIF + 10%
Basis of Declaration	All dispatches made during the previous month shall be declared within 10th of the succeeding month

Net Premium	2,940.00
CGST (9%)	NA
SGST (9%)	NA
IGST (0%)	NA
Stamp Duty	-
Gross Premium	2,940.00

Coinsurance

Name of the Company	Share%
The New India Assurance Company Ltd.	51%(Policy No: 16040121220200000012)
Cholamandalam MS General Insurance Company Ltd.	49%

Condition, Clauses and Warranties	As per Annexure Attached
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Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED	Contact No: 8149178773
Code: 200149210153	POSP Aadhaar No.:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place : CHENNAI	For Cholamandalam MS General Insurance Company Ltd.
Date of Issue : 16/09/2022	Authorised Signatory

Service Tax Registration No.: AABCC6633KST001	PAN: AABCC6633K
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Policy Issuing Office : AURANGABAD BRANCH OFFICE
Agent / broker : 201208127508
Client Code : 1000756934590001

Amount : Nil
Receipt No : Nil
Date : Nil

ANNEXURE TO SCHEDULE

OTHER TERMS AND CONDITIONS

All Clauses, Warranties, Exclusions, Excess and Other Terms and Conditions As per Leader Policy No: 16040121220200000012

SURVEY AGENT

Inland

Cholamandalam MS General Insurance Company Ltd
Aurangabad Branch Office
Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony,
Opp. Lms Jeweller Jaina Road, Aurangabad - 431005
Maharashtra - 431001

SETTLING AGENT

Inland

Cholamandalam MS General Insurance Company Ltd
Dare House, 2 nd floor, No. 2, NSC Bose Road, Chennai - 600001
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

Place : CHENNAI

For Cholamandalam MS General Insurance Company Ltd.

Date of Issue :16/09/2022

Authorised Signatory

For Cholamandalam MS General Insurance Company Ltd.

CHOLAMANDALAM MS