



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                     | 2455/00022639/000/00                                                                                |
| Name of the Assured / Insured | MS PRAHLAD GINNING AND PRESSING FACTORY                                                             |
| Address of the Assured        | JULWANIA ROAD KHARGAONE KHARGONE H.O KHARGONE MADHYA PRADESH PIN - 451001                           |
| Aadhar No.:                   | -                                                                                                   |
| PAN No.:                      | -                                                                                                   |
| Period of Insurance           | From 00:01 hrs on 30/09/2022 To 23:59 hrs on 29/09/2023                                             |
| Transit Details               | Anywhere in the India to Anywhere in India                                                          |
| Sum Insured (Cargo)           | INR 9,800,000.00                                                                                    |
| Limit Per Sending             | INR 2,940,000.00                                                                                    |
| Limit Per Location            | INR 9,800,000.00                                                                                    |
| Subject Matter Insured        | ALL TYPE OF VEGETABLE OIL                                                                           |
| Packing                       | STANDARD AND CUSTOMARY AND TANKER                                                                   |
| 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   | 3,920.00 |
| CGST (0%)     | NA       |
| SGST (0%)     | NA       |
| IGST (18%)    | NA       |
| Stamp Duty    | -        |
| Gross Premium | 3,920.00 |

**Coinsurance**

| Name of the Company                             | Share%                                |
|-------------------------------------------------|---------------------------------------|
| The New India Assurance Company Ltd.            | 51%( Policy No: 16040121220200000042) |
| Cholamandalam MS General Insurance Company Ltd. | 49%                                   |

|                                   |                          |
|-----------------------------------|--------------------------|
| Condition, Clauses and Warranties | As per Annexure Attached |
|-----------------------------------|--------------------------|

|                                                                      |                               |
|----------------------------------------------------------------------|-------------------------------|
| <b>Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED</b> | <b>Contact No: 8149178773</b> |
| <b>Code: 200149210153</b>                                            | <b>POSP Aadhaar No.:</b>      |

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 : 06/10/2022 | Authorised Signatory                                |

|                                               |                 |
|-----------------------------------------------|-----------------|
| Service Tax Registration No.: AABCC6633KST001 | PAN: AABCC6633K |
|-----------------------------------------------|-----------------|

|                                                  |
|--------------------------------------------------|
| Policy Issuing Office : AURANGABAD BRANCH OFFICE |
| Agent / broker : 201208127508                    |
| Client Code : 1020009290950001                   |

|                  |
|------------------|
| 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: 16040121220200000042

**SURVEY AGENT**

***Inland***

Cholamandalam MS General Insurance Company Ltd  
Aurangabad Branch Office  
Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony,  
Opp. Lms Jeweller Jain 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 :06/10/2022

Authorised Signatory

For Cholamandalam MS General Insurance Company Ltd.

CHOLAMANDALAM MS