



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	
Insured Name	: EVERGREEN COTTONS PROPRIETOR KATN GREENS LLP	Office Code	: BRANCH AURANGABAD AUTO TIE-UP (160401)
Customer ID	: POA1290636	Address	: THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Address	: 477-478, HINGONA ROAD, DHARANGAON, DIST. JALGAON-425105 DHARANGAON(JALGAON) ,MAHARASHTRA, 425105	Phone No	: 02402485446 / 02402484415
Phone No	: XXXXXX9327	E-mail/Fax	: nia.160401@newindia.co.in/
E-mail/Fax	: skcottonindustries@hotmail.com, /	S.Tax Regn. No	: AAACN4165CST178
PAN No	: AAVFK3708L	GSTIN	: 27AAACN4165C3ZP
GSTIN/UIN	: 27AAVFK3708L1ZP / NA	SAC	: 997135 (Marine,aviation and other transport insurance srcv)

Policy Details		Business Source Code	
Policy Number	: 16040121220100000008	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Issue	: 15/11/2022 03:00:22 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 15-Nov-22	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, //

Premium Details					
Premium	GST	Stamp Duty	Total (₹)	Rupees (in words)	Receipt No. & Date
3324	598	1	3923	RUPEES THREE THOUSAND NINE HUNDRED TWENTY-THREE ONLY	10000892211003 45984 - 15/11/22

Journey Details		
Journey From	Journey To	Transport Mode
Dharangaon	Manaparai, Tamilnadu	Road

Cargo Sum Insured (₹) : 5540000
Lorry Receipt(LR) Number : Lr No 23285 Date : 15/11/2022
Basis of valuation + % Extra for Commodity : CF + 10
Date of Sailing : 15/11/2022
Transit Type : Road
Commodity description : COTTON BALES
 QUANTITY: 247.90 Qtl
 150 fp cotton bales
Packaging description : STANDARD AND CUSTOMARY
Risk Covered : ITC-B
 SRCC

Excess	: .5 % of Claim Subject to minimum of ₹500
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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 – B (2010)
- 2) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
- 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) Subject to Private Carriers Warranty
- 10) Subject to closed vehicle Warranty
- 11) Cargo Termination of Transit (Storage) Clause
- 12) Special Condition: Cover Risk:
·All risk + SRCC+ ITC B + 10 %.
·Coverage for Loading and Unloading.
Excess: 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

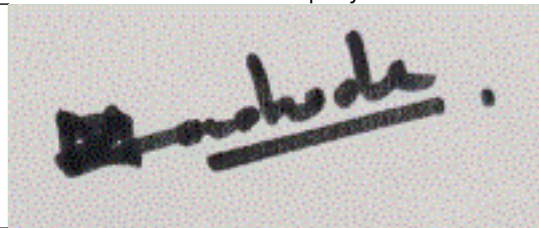
	Rate of Tax	Amount in INR
Taxable Value		3325
SGST	9	299
CGST	9	299
IGST	0	0

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 15th day of November,2022

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

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 15/11/2022



(MR. MANISH SAKHARAM ZADODE)
[BRANCH MANAGER]

Duly Constituted Attorney(s)



We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122P0003718

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
