



MARINE CARGO OPEN 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

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|--------------|--|---------------------------|-----------------------|---|---|--|--|
| Insured Name | : | VENKATESHWARA COTTON MILL | | | | | |
| Customer ID | : | : PO89095876 | | | | | |
| Address | : SY.NO.151, ATMAKUR ROAD, YENKEPALLY(V), SADASIVPET - 502291 (M) SANGAREDDY DIST. Medak ,TELANGANA, 502291 | | Address | : | THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003 | | |
| Phone No | : | | Phone No | : | 02402485446 / 02402484415 | | |
| E-mail/Fax | : | vcmssp@gmail.com, / | E-mail/Fax | : | nia.160401@newindia.co.in/ | | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | | |
| GSTIN/UIN | : | 36AAKFV5659E1ZR / NA | GSTIN | : | 27AAACN4165C3ZP | | |
| | : | | SAC | : | 997135 (Marine, aviation and other transport insurance srvc) | | |

Policy Details Business Source Code

| Policy Number | : | 16040121220200000130 | Dev.Off. level/Broker/Web Aggregator | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623), | |
|---------------------|---|---|---|---|---|--|
| Period of Insurance | : | From: 15/11/2022 05:17:22 PM To: 14/11/2023 11:59:59 PM | Agent/Bancassurance/Spe cified Person/CPSC User | : | | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA | |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // | |

Co-Insurance Details

| Incoming/Outgoing | Company | Office Code | % of Share | Share |
|-------------------|---|----------------------------------|------------|-------|
| OUT | CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD. | 210301_PUNE BRANCH - 1 | 49 | 12250 |
| OUT | NEW INDIA ASSURANCE CO. LTD. | BRANCH AURANGABAD AUTO TIE-UP | 51 | 12750 |

Premium Details

| | 1 TOTTINGTITE | | | | |
|---------|---------------|---------------|------------------|---|---------------------------------|
| Premium | GST | Stamp Duty | Total Premium(₹) | Rupees (in words) | Receipt No and Date |
| 25000 | 4500 | 1 | 29501 | RUPEES TWENTY- NINE THOUSAND FIVE HUNDRED ONE ONLY | 16040181220000002460 - 15/11/22 |

lourney Details

| journey became | | | | |
|-------------------|-------------------|----------------|--|--|
| Journey From | Journey To | Transport Mode | | |
| Anywhere in India | Anywhere in India | Rail/Road | | |

Total Sum Insured (₹) : Risk 1 :: 1000000000

Basis of valuation + % Extra for Cargo : Risk 1 :: C + 10

Sum Insured

Commodity description : Risk 1 :: Cotton FP Bales, Cotton Seed, **Packaging description** : Risk 1 :: Standard and Customary

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



: Risk 1 :: 10000000 Single Carrying Limit (₹)

Limit per any one Vessel (₹) : Risk 1 :: 0 Limit per any one Aircraft (₹) : Risk 1 :: 0 Limit per Registered Post (₹) : Risk 1 :: 0

Limit per location (₹) : Risk 1 :: 100000000 **Transit By** : Risk 1 :: Rail/Road Place of Storage : Risk 1 :: NA **Days of Storage** : Risk 1 :: NA

Risk Covered : Risk 1 :: ITC-A, SRCC,

: Excess Applicable on - Claim Amount, Excess(%) Claim Amount - .5% Excess

Terms of Insurance

Subject to Open Policy Clause and the following clauses written and attached hereunder, current on date of sailing or dispatch and/or otherwise stated. This Insurance is subject to Important notice, conditions and warranties attached herewith. Also this contract is subject to such regulations as in force at the time of risk on each dispatch/shipment attaches hereunder.

The Declaration should be furnished, in case of imports within 15 days from the date of the shipment or immidiately on reciept of shipping documents or before arrival of ship, whichever is earlier, and in case of exports immidiately on shipment.

This insurance is to remain in force for a period of 12 months i.e. from 15/11/2022 05:17:22 PM to 14/11/2023 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Inland Transit (Rail or Road) Clause A (2010) 2) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
- 3) Limit Per Location Clause: Not withstanding anything to the contrary contained in this contract, underwriters liability in respect of any one accident or series of accidents arising from the same event in any one location shall not exceed the Limit Per Location amount stated in the policy/open cover.
- 4) Communicable Disease Exclusion Clause (Cargo) JC2020-011 5) Institute Radioactive Contamination Exclusion Clause (1.10.1
- 5) Institute Radioactive Contamination Exclusion Clause (1.10.1990)
 6) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370
- 7) Termination of Transit Clause JC2009/056 01/01/2009 8) Subject to Important Notice Clause
- 9) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010) 10) Subject to Private Carriers Warranty 11) Subject to closed vehicle Warranty

- 12) Cargo Termination of Transit (Storage) Clause
- 13) Special Condition: Each and every consignment should be declared on 5 th of every month on a Monthly BasisIn respect of spot sales only those consignments are required to be declared which are having the transit risk of the seller

Survey & Claim Settlement By

In Case of IMPORTS/DOMESTICS

Survey: In the event of loss or damage which may result in a claim under this Insurance immediate notice must be given to the Policy Issuing Office or nearest Branch/Divisional Office.

Nearest New India Assurance Company's Office or The Policy Issuing Office

Claims Payable By:

Policy Issuing Office

| | Rate of Tax | Amount in INR |
|---------------|-------------|---------------|
| Taxable Value | | ₹25001 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 4500 |

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

For and on behalf of The New India Assurance Company Limited

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



Duly Constituted Attorney(s)

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

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 : 16040122P0003730

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C