



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				
Insured Name	:	M/S. MORYA COTEX				
Customer ID	:	POA1045969	Office Code	:	BRANCH AURANGABAD AUTO TIE- UP (160401)	
Address :	GENERAL MARCHANT & COMMISSION, AGENT, MARKET YARD, PHULE PIMPALGAON- MAJALGAON, DIST. BEED- 431131 MANJLALEGAON ,MAHARASHTRA, 431131	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	:	moryacotex@gmail.com, /	E-mail/Fax	:	nia.160401@newindia.co.in/	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27BNAPS8279M1Z3 / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997135 (Marine, aviation and other transport insurance srvc)	

	olicy Details	Business Source Code				
Policy Number	:	1604012122020000314	Dev.Off. level/Broker/Web Aggregator		Jainuine Insurance Brokers Pvt. Ltd. (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),	
Period of Insurance	:	From: 10/01/2023 06:38:33 PM To: 09/01/2024 11:59:59 PM	Agent/Bancassurance/Spe cified Person/CPSC User	:		
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA	
Client Type	:	Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //	

C	o-Insurance Details			
Incoming/Outgoing	Company	Office Code	% of Share	Share
OUT	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD.	210301_PUNE BRANCH - 1	49	3920
OUT	NEW INDIA ASSURANCE CO. LTD.	BRANCH AURANGABAD AUTO TIE-UP	51	4080

	Premium [Details			
Premium	GST	Stamp Duty	Total Premium(₹)	Rupees (in words)	Receipt No and Date
8000	1440	1	9441	RUPEES NINE THOUSAND FOUR HUNDRED FORTY- ONE ONLY	16040181220000003247 - 10/01/23

Journey Details		
Journey From	Journey To	Transport Mode
ANYWHERE IN INDIA	ANYWHERE IN INDIA	Rail/Road
		Ranji Kodu

Total Sum Insured (₹)	: Risk 1 :: 2000000
Basis of valuation + % Extra for Cargo Sum Insured	: Risk 1 :: CIF + 10
Commodity description	: Risk 1 :: Soyabean
Packaging description	: Risk 1 :: Standard and Customary

Policy No. : 16040121220200000314Document generated by 31229 at 10/01/2023 18:46:21 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any,you may approach any one of the following offices - 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in.



Excess	: Excess Applicable on - Claim Amount, Excess(%) Claim Amount5%
Risk Covered	: Risk 1 :: ITC-A, SRCC,
Days of Storage	: Risk 1 :: NA
Place of Storage	: Risk 1 :: NA
Transit By	: Risk 1 :: Rail/Road
Limit per location (₹)	: Risk 1 :: 20000000
Limit per Registered Post (₹)	: Risk 1 :: 0
Limit per any one Aircraft (₹)	: Risk 1 :: 0
Limit per any one Vessel (₹)	: Risk 1 :: 0
Single Carrying Limit (₹)	: Risk 1 :: 7000000

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 10/01/2023 06:38:33 PM to 09/01/2024 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Inland Transit (Rail or Road) Clause A (2010) 2) Subject to Duty Insurance Clause
- 3) Subject to Increase Value Clause
- Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage) Machinery Subject to Clause : Institute Replacement Clause -01.01.34 Subject To Sellers Interest Clause 4)
- 5

6) Subject To Selfers Interest Clause
7) 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.

8) Communicable Disease Exclusion Clause (Cargo) JC2020-011

9) Institute Radioactive Contamination Exclusion Clause (1.10.1990)

10) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370

- 11) Termination of Transit Clause JC2009/056 01/01/2009
- 12) Subject to Important Notice Clause
 13) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010)
 14) Subject to Private Carriers Warranty

15) Subject to closed vehicle Warranty

- 16) Cargo Termination of Transit (Storage) Clause
 17) Special Condition: All risk + SRCC+ ITC A + Invoice + 10 %., Coverage for Loading and Unloading. Each and every consignment should be declared through email on a monthly Basis in excel format. In respect of spot sales

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		₹8001
SGST	9	720
CGST	9	720
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 10th day of January,2023

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http://newindia.co.in.



For and on behalf of The New India Assurance Company Limited

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 : 16040122P0005116

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C