



### 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	
<b>Insured Name</b>	: GOURISHANKAR COTEX	<b>Office Code</b>	: BRANCH AURANGABAD AUTO TIE-UP (160401)
<b>Customer ID</b>	: POA0587702	<b>Address</b>	: THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH ( 160401 ) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
<b>Address</b>	: GAT NO 422, SILLOD, DISTRICT AURANGABAD  SILLOD ,MAHARASHTRA, 431112	<b>Phone No</b>	: 02402485446 / 02402484415
<b>Phone No</b>	:	<b>E-mail/Fax</b>	: nia.160401@newindia.co.in/
<b>E-mail/Fax</b>	: GORISHANKARSDW@GMAIL.COM, /	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>PAN No</b>	: AAHFG2601C	<b>GSTIN</b>	: 27AAACN4165C3ZP
<b>GSTIN/UIN</b>	: 27AAHFG2601C1Z0 / NA	<b>SAC</b>	: 997135 (Marine,aviation and other transport insurance srv)

Policy Details		Business Source Code	
<b>Policy Number</b>	: 16040121220200000443	<b>Dev.Off. level/Broker/Web Aggregator</b>	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Period of Insurance</b>	: From: 17/02/2023 03:19:35 PM To: 16/02/2024 11:59:59 PM	<b>Agent/Bancassurance/Specialized Person/CPSC User</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: 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	6125
OUT	NEW INDIA ASSURANCE CO. LTD.	BRANCH AURANGABAD AUTO TIE-UP	51	6375

Premium Details					
Premium	GST	Stamp Duty	Total Premium(₹)	Rupees (in words)	Receipt No and Date
12500	2250	1	14751	RUPEES FOURTEEN THOUSAND SEVEN HUNDRED FIFTY-ONE ONLY	16040181220000003807 - 17/02/23

Journey Details		
Journey From	Journey To	Transport Mode
Anywhere in India To Anywhere in India	Exclude Transit from Anywhere in Maharashtra to Anywhere in Maharashtra	Rail/Road

**Total Sum Insured (₹)** : Risk 1 :: 50000000  
**Basis of valuation + % Extra for Cargo Sum Insured** : Risk 1 :: CIF + 10  
**Commodity description** : Risk 1 :: Cotton Seed and Cotton FP Bales  
**Packaging description** : Risk 1 :: STANDARD AND CUSTOMERY

Policy No. : 16040121220200000443 Document generated by 38569 at 17/02/2023 15:36:17 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>.



Single Carrying Limit (₹)	: Risk 1 :: 10000000
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 :: 50000000
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,

<b>Excess</b>	: Excess Applicable on - Others, Excess(%) Others - 0.5% OF CONSIGNMENT%
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**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 immediately on receipt of shipping documents or before arrival of ship, whichever is earlier, and in case of exports immediately on shipment.

This insurance is to remain in force for a period of 12 months i.e. from 17/02/2023 03:19:35 PM to 16/02/2024 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Inland Transit (Rail or Road) Clause – A (2010)
- 2) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)- 2010
- 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 (1.10.1990)
- 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: All risk + SRCC+ ITC A + Invoice + 10 %

·Coverage for Loading and Unloading, ALL INCOTERMS TO BE INCLUDED.

Each and every consignment should be declared through email on a Monthly Basis IN EXCEL SHEET FORMAT

**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
<b>Taxable Value</b>		₹12501
<b>SGST</b>	9	1125
<b>CGST</b>	9	1125
<b>IGST</b>	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 17th day of February, 2023



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 : 16040122P0006053

<b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b>
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