



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 | 2455/00023601/000/00 |
| Name of the Assured / Insured | MS SHREE BALAJI OIL INDUSTRIES |
| Address of the Assured | NEAR SHALIMAR THEATER, STATION ROAD, AT PO BODWAD BODWAD S.O JALGAON MAHARASHTRA PIN - 425310 |
| Aadhar No.: | - |
| PAN No.: | AEDPA3197B |
| Period of Insurance | From 00:01 hrs on 03/01/2023 To 23:59 hrs on 02/01/2024 |
| Transit Details | Anywhere in the India to Anywhere in India |
| Sum Insured (Cargo) | INR 4,900,000.00 |
| Limit Per Sending | INR 2,205,000.00 |
| Limit Per Location | INR 4,900,000.00 |
| Subject Matter Insured | WASH OIL IN TANKER and Cotton Seed Cake, Cotton FP Bales Etc. |
| Packing | Standard and Customary |
| Mode of Conveyance | Rail, Road |
| Basis of valuation (Cargo) | CIF + 10% |
| Deductible/Franchise | INLAND: Cargo : Excess 0.50% of claim amount for each and every claim |
| Basis of Declaration | All dispatches made during the previous month shall be declared within 10th of the succeeding month |

| | |
|---------------|----------|
| Net Premium | 1,470.00 |
| CGST (9%) | NA |
| SGST (9%) | NA |
| IGST (0%) | NA |
| Stamp Duty | - |
| Gross Premium | 1,470.00 |

| Coinsurance | |
|---|--|
| Name of the Company | Share% |
| The New India Assurance Company Ltd. | 51% (Policy No: 16040121220200000296) |
| Cholamandalam MS General Insurance Company Ltd. | 49% |

Condition, Clauses and Warranties As per Annexure Attached

Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED **Contact No: 8149178773**
Code: 200149210153 **POSP Aadhaar No.:**

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 : 27/01/2023 Authorised Signatory

Service Tax Registration No.: AABCC6633KST001 PAN: AABCC6633K

Policy Issuing Office : AURANGABAD BRANCH OFFICE
 Agent / broker : 201208127508
 Client Code : 1004078309720001

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: 16040121220200000296

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 :27/01/2023

Authorised Signatory

For Cholamandalam MS General Insurance Company Ltd.

CHOLAMANDALAM MS