

# Schedule - Marine Cargo Open Policy - Inland Only [UIN:IRDAN123RP0063V01200203]





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	2455/00023571/000/00				
Name of the Assured / Insured	SHREE JAYDEV COTTON				
Address of the Assured	110 GOLD FIELDS BUILDING GOLDEN CITY CENTRE AURANGABAD CITY S.O AURANGABAD MAHARASHTRA PIN - 431001				
Aadhar No.:	-				
PAN No.:	AEGFS4402Q  From 00:01 hrs on 16/01/2023 To 23:59 hrs on 15/01/2024				
Period of Insurance					
Transit Details	Anywhere in the India to Anywhere in India				
Sum Insured (Cargo)	INR 9,800,000.00				
Limit Per Sending	INR 4,900,000.00				
Limit Per Location	INR 9,800,000.00				
Subject Matter Insured	Cotton F.P. Bales, Cotton Seed, Cotton Cake				
Packing	Standard and Customary				
Mode of Conveyance	Rail, Road				
Basis of valuation (Cargo)	CIF + 10%				
Deductible/Franchise	INLAND:Cargo : Excess0.50% 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	2,940.00
CGST (9%)	NA NA
SGST (9%)	NA MA
IGST (0%)	NA NA
Stamp Duty	-
Gross Premium	2.940.00

Coinsurance

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Name of the Company	Em			Marine Marine		Share%
The New India Assurance Company Ltd.	January Community of the Community of th				,	51%( Policy No: 16040121220200000328)
Cholamandalam MS General Insurance Company Ltd.			<b>\</b>			49%

Condition, Clauses and Warranties As per Annexure Attached

Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED

Code: 200149210153

**Contact No:8149178773** 

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 :23/01/2023

Authorised Signatory

POSP Aadhaar No.:

Service Tax Registration No.: AABCC6633KST001

PAN: AABCC6633K

Policy Issuing Office: AURANGABAD BRANCH OFFICE

Agent / broker : 201208127508 Client Code : 1002596596940001 Amount : Nil
Receipt No : Nil
Date : Nil

## ANNEXURE TO SCHEDULE

## OTHER TERMS AND CONDITIONS

 $All \ Clauses, Warranties, Exclusions, Excess \ and \ Other \ Terms \ and \ Conditions \ As \ per \ Leader \ Policy \ No: \ 16040121220200000313$ 

## **SURVEY AGENT**

### Inland

Cholamandalam MS General Insurance Company Ltd Aurangabad Branch Office Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony, Opp. Lms Jeweller Jalna 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 :23/01/2023 Authorised Signatory

or Cholamandalam MS General Insurance Company Ltd.