पॉलिसी अनुसूची/ Policy Schedule - Marine Cargo Open Policy						
Policy Number: 321800212210000134	व्यवसाय स्त्रोत /Business Source: 910275					
	<u>विक्रिय चैनल विविरण/Sales Channel</u> Code: 91027500000001					
जारीकर्ता कार्यालय/Issuing Office	नाम /Name: Jainuine insurance brokers pvt					
कार्यालय कोड /Office Code: 321800	Itd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:					
कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,,						
- 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330					
	ईमेल/					
	email:customer.support@nic.co.in					

Whereas the Assured named in the Schedule hereto have represented to National Insurance Company LTD (hereinafter called the "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 Clause, Endorsement Conditions and Warranties contained in the Schedule.

ग्राहक का नाम /Customer Name: SHREE MAHLAXMI FIBRES	ग्राहक आईडी /Customer ID: 9702067731	पैन /PAN:	
पता/ Address: 182/1 CHHOTI KHAJRANI A B ROAD INDORE, City:	फोन /Phone:		
INDORE, District: INDORE, State: MADHYA PRADESH, PIN: 452011. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.c	om	

पॉलिसी: 03/02/2023 के 12:00 midnight of 02/02/2024	से 02/02/2024 की मध	ध्य रात्रितक प्रभावी /Policy Effecti	ve from 12:00 hours, on 03/02/2023 to		
प्रीमयिम/ Premium	₹ 15,000.00	कवर नोट संख्या और तथि7ि Cover Note Number and Date	लागू नहीं/NA		
CGST SGST/UTGST	₹ 1,350.00 ₹ 1,350.00				
IGST	₹ 0.00	प्रस्ताव संख्या और तथि। Proposal	8800230203041000 Dt. 03/02/2023		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
पुनर्पराप्ति योग्य स्टाम्प इ्यूटी /Recoverable Stamp Duty	₹ 0.50	रसीद संख्या और तथिि Receipt Number and Date	321800812210005669 Dt. 03/02/2023		
कुल /Total Amount	₹ 17,701.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	लाग् नहीं/NA		
(Rupees Seventeen Thousand S	Seven Hundred One C	Only.)			

				Оре	en Policy				
Limit Per transit		1,20,00	00,000.00 Limit per location			2,40,0	2,40,00,000.00		
Voyage From Country	Voyage T Country	Ö	Voyage From	Voya	де То	Via Port	Vi	a Airport	Status of Insured
India	India		ANY WHERE IN INDIA (ONLY SALES TRANSIT COVER)	ANY WHERE IN INDIA (EXCLUDING LOCAL TRANSIT)		NA	N/	A	Owner
Declaration Frequency Monthly				Multi trans	sit cover		No	'	
Mode of Transit By Road									

Details of Packaging and Commodity						
Commodity Packaging Sum Insu						
COTTON /F P BALES(PACKING FP BALES/STANDARD)	Bales(Fully Pressed)	INR 5,00,00,000.00				
Storage description						

Policy Number:	वयवसाय सतरोत /Business Source: 910275			
321800212210000134	प्यपसाय स्त्रात/business Source. 910215			
	<u>विक्रय चैनल विवरण/Sales Channel</u> Code: 91027500000001			
जारीकर्ता कार्यालय/Issuing Office	नाम /Name: Jainuine insurance brokers pvt			
कार्यालय कोड /Office Code: 321800	Itd - Indore Contact Number: 9893131223			
कार्यालय पता /Office Address: DEWAS	सह दलाल कोड / Co Broker Code:			
DIVISION 2-TARANI COLONY, A.B ROAD,,				
- 455001. State Code: 23 Modbyo Bradoob				
State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB	कस्टमर केयर टॉल फ्री नंबर/Customer			
Contact Number: 7272 250074	Care Toll Free Number:			
Mobile Number:	1800 345 0330			
	ईमेल/			
	email:customer.support@nic.co.in			

Description of storage		Period /time (In weeks)
N/A		N/A
Term Of Cover As per the clauses writt stated and attached he		ten hereunder, current on date of sailing or dispatch and /or otherwise ereto
Clauses / Special Condition/Warranties As per Annexure I		
mportant notice (claim) As per attached docum		nent

Survey and claim settlement								
Survey Agent Details								
Jurisdiction of Claim settling agencies/Region of the world	Mail ID	Telephone No	Fax No					
India	Contact nearest Division/Branch offic	e of National Insurance Compan	y .					
Canada,USA,North	eimc@eimc.com,	+1 201 963 3355	+1 201 963 4015					
America,South America and Polynesia up to the east of International Date line.	james.lynch@eimc.com	+1 201 942 1204	+1 201 963 4015					
For far East and Australia &	info@wkwebster.com and/or	00 65 85224379 /020	00 65 62250428 / 020					
Asia	dlim@wkwebster.com	83007744	83091266					
All other Region except above	info@wkwebster.com and/or kwright@wkwebster.com	00 44 77 15003651 / 020 83007744	020 83091266					

टप्पणयां/ Remarks: ALL RISK WITH SRCC

EXCESS 0.50% OF THE CONSIGNMENT VALUE OR RS 5000/- WHICHEVER IS HIGHER

COVERAGE FOR LOADING AND UNLOADING

BASIS OF VALUATION COST INSURANCE AND FREIGHT(CIF)+10%

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुस्ची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुस्ची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता निर्म्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 03/February/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website https://nationalinsurance.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

पॉलिसी अनुसूची/ Policy Schedule - Marine Cai	go Open Policy		
Policy Number: 321800212210000134	व्यवसाय स्त्रोत /Business Source: 910275		
	विक्रय चैनल विवरण/ Sales Channel Code: 91027500000001		
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	नाम /Name: Jainuine insurance brokers pvt ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:		
	कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/		
	email:customer.support@nic.co.in		

कृते नेशनल इन्श्योरेन्स कंपनी

कृतं नेशनल इन्श्योरेन्स कंपनी स्टांप इय्**से**मिटिड/ For and on behalf of National Insurance Stamp Company Limited Duty: (₹ 0.50)

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

इंश्योरेन्सइंडयालिमिटिड

TAX INVOICE

Invoice Serial No: 30878C2P00000134 Invoice Date: 03/02/2023

Details of Supplier:

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

23, Madhya Pradesh State: GSTIN No: 23AAACN9967E1ZB

Details Of Receiver: SHREE MAHLAXMI FIBRES
Address: 182/1 CHHOTI KHAJRANI A B ROAD INDORE

INDORE, City: District: INDORE,

State: MADHYA PRADESH,

PIN: 452011.

Place Of Supply State : Madhya Pradesh State Code: 23 GSTIN No: 23AAUFS0850L1ZT

सैक कोड/ SAC Code	सेवा का वविरण/ Descripti	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable	सीजीएसटी की राशि CGST				आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess
	on of Service		···· va	Value(₹)	value(₹) दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा/Amount(₹)
997135	Marine, aviation, and other transport insurance services	15,000	0%	15,000	9%	1,350	9%	1,350	0%	0	0
TOTAL		15,000		15,000		1,350		1,350		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :

₹17,701

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

Seventeen Thousand Seven Hundred One

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

