



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 | 2455/00024538/000/00 |
| Name of the Assured / Insured | GODAVARI COTTON INDUSTRIES |
| Address of the Assured | AT NADGAON, SHIVUR BANGLA TQ VAIJAPUR VAIJAPUR S.O AURANGABAD MAHARASHTRA PIN - 423701 |
| Aadhar No.: | - |
| PAN No.: | AATPT3879P |
| Period of Insurance | From 00:01 hrs on 12/05/2023 To 23:59 hrs on 11/05/2024 |
| Transit Details | Anywhere in the India to Anywhere in India |
| Sum Insured (Cargo) | INR 24,500,000.00 |
| Limit Per Sending | INR 4,900,000.00 |
| Limit Per Location | INR 4,900,000.00 |
| Subject Matter Insured | Cotton FP Bales |
| Packing | Standard and Customary |
| Mode of Conveyance | Rail, Road |
| Basis of valuation (Cargo) | CIF + 10% |
| Deductible/Franchise | INLAND: Cargo : Excess 0.50% of Consignment Value 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 | 6,125.00 |
| CGST (9%) | NA |
| SGST (9%) | NA |
| IGST (0%) | NA |
| Stamp Duty | - |
| Gross Premium | 6,125.00 |

Coinsurance

| Name of the Company | Share% |
|---|--------------------------------------|
| The New India Assurance Company Ltd. | 51%(Policy No: 1605012123020000077) |
| Cholamandalam MS General Insurance Company Ltd. | 49% |

| | |
|-----------------------------------|--------------------------|
| Condition, Clauses and Warranties | As per Annexure Attached |
|-----------------------------------|--------------------------|

| | |
|---|---|
| Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED Code: 200149210153 | Contact No: 8149178773 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 : 24/05/2023 | Authorised Signatory |

| | |
|---|-----------------|
| Service Tax Registration No.: AABCC6633KST001 | PAN: AABCC6633K |
|---|-----------------|

| | |
|---|--|
| Policy Issuing Office : AURANGABAD BRANCH OFFICE Agent / broker : 201208127508 Client Code : 1013167857370004 | Amount : Nil Receipt No : Nil Date : Nil |
|---|--|

ANNEXURE TO SCHEDULE

OTHER TERMS AND CONDITIONS

1. All Clauses, Warranties, Exclusions, Excess and Other Terms and Conditions As per Leader Policy No: 16050121230200000077
2. Intentional storage is not covered. Intermediate storage in the course of transit is covered as per duration clause of transit clause

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 :24/05/2023

Authorised Signatory

For Cholamandalam MS General Insurance Company Ltd.

CHOLAMANDALAM MS