पॉलिसी अनुसूची/ Policy Schedule - Marine Ca	rgo Open Policy
Policy Number: 321800212310000114	व्यवसाय स्त्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD.	विक्र्य चैनल विवरण/ Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:
- 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: M/S SURESHCHAND RAMESHCHANDA	ग्राहक आईडी /Customer ID: 9701991625	पैन /PAN:		
पता/ Address: 6-7 UDHYOG NAGAR INDORE, City: INDORE,	फोन /Phone:			
District: INDORE, State: MADHYA PRADESH, PIN: 452001. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.com			

पॉलिसी: 02/02/2024 के 19:00 midnight of 01/02/2025	से 01/02/2025 की मध	य्य रात्रितक प्रभावी /Policy Effecti	ve from 19:00 hours, on 02/02/2024 to		
प्रीमयिम/ Premium	₹ 17,500.00	कवर नोट संख्या और तथि7ि Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 1,575.00				
SGST/UTGST	₹ 1,575.00		8800240202730103 Dt. 02/02/2024		
IGST	₹ 0.00	प्रस्ताव संख्या और तथि। Proposal			
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
पुनर्प्राप्ति योग्य स्टाम्प इयूटी /Recoverable Stamp Duty	₹ 0.50	रसीद संख्या और तथि/िReceipt Number and Date	321800812310005147 Dt. 02/02/2024		
कुल /Total Amount	₹ 20,651.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	लागू नहीं/NA		
(Rupees Twenty Thousand Six F	lundred Fifty One On	ıly.)			

				Оре	en Policy				
Limit Per transit 60,00,000.00 Limit per location 1,20,00,000.00									
Voyage From Country	Voyage T Country	О	Voyage From	Voyage To Via		Via Port	v	ia Airport	Status of Insured
India	India		ANYWHERE IN INDIA	ANY WHRE IN INDIA (EXCLUDING TRANSIT WITHIN 50KM OF INDORE)(ONLY SALE TRANSIT COVERED)		NA	N	A	Owner
Declaration Frequency Monthly					Multi trans	sit cover		No	
Mode of Transit By Road									

पॉलिसी अनुसूची/ <i>Policy Schedule</i> - Marine Car	go open i elley
Policy Number: 321800212310000114	व्यवसाय स्त्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,	विक्रय <u>चैनल विविष्ण/Sales Channel</u> Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:
- 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/



Cover Type Name	Sum Insured
Inland Transit Clause -A	₹ 5,00,00,000.00
SRCC	₹ 5,00,00,000.00

Details of Packaging and Commodity							
Commodit	у	Packaging		Sum Insured			
GRAIN,SO	S OF PULSES AND YABEAN ETC (PACKING IN AG,PP BAGS/STANDARD)	High Density Polythene Bags		INR 5,00,00,000.00			
		Storage	description				
Descriptio	n of storage		Period /time (In w	eeks)			
N/A			N/A				
Term Of C	Term Of Cover As per the clauses will stated and attached h			nt on date of sailing or dispatch and /or otherwise			
Clauses / S	Special Condition/Warranties	As per Annexure I					
Important	notice (claim)	As per attached docum	nent				
		EXCESS	DETAILS				
Sr.No.	Sr.No. Excess Description			Excess Amount			
1 0.50%OF THE CONSIGNMENT VALUE OR RS 5000/- WHICHEVER IS HIGHER			5000				

	Survey and cla	im settlement				
Survey Agent Details						
Jurisdiction of Claim settling agencies/Region of the world	Mail ID	Telephone No Fax No				
India	Contact nearest Division/Branch of	fice of National Insurance Compan	ny .			
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			

टिप्पणियां/ **Remarks:** ALL RISK WITH SRCC COVERAGE FOR LOADIND AND UNLOADING

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

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

Clauses:

- * Inland Transit Rail/Road Clause (A): 2010
- * Inland SRCC Clause
- * Important notice Clause (time limits for lodging claim and filing suits shall be followed as per the actual position at law at the material time

पॉलिसी अनुसूची/ Policy Schedule - Marine Cargo Open Policy **Policy Number:** वयवसाय सुत्रोत /Business Source: 910275 321800212310000114 विक्रय चैनल विवरण/Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE Contact Number: 9893131223 जारीकर्ता कार्यालय/Issuing Office सह दलाल कोड / Co Broker Code: 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: कसटमर केयर टॉल फरी नंबर/Customer **Care Toll Free Number:** 1800 345 0330 र्डमेल/



in each case)

* Infectious disease clause

Warranties:

- 1. Warranted that unexplained losses (loss of moisture, evaporation, ordinary leakage, etc.) are excluded from the scope of coverage. Warranted Shortage from sound packages is excluded.
- 2. It is warranted that if the weight of the cargo exceeds the Registration Laden weight/ Licensed Carrying Capacity of the vehicle, as mentioned in the Registration Certificate of the vehicle, then any loss or damage arising out of such transit is not covered under the above mentioned policy.

email:customer.support@nic.co.in

- 3. Warranted that losses due to adulteration, contamination and deterioration of quality is excluded from the scope of coverage.
- 4. Warranted that losses due to dampness of atmosphere, rot, dry rot, mould, fungus, infestation, or mildew is excluded from the scope of
- 5. Warranted that losses due to wear and tear, deterioration, weathering, corrosion, rust, oxidation, discoloring, metal fatigue, or electrolysis are excluded from the scope of coverage.
- 6. Warranted that all goods must be suitably packed and/or protected as befits the type of goods and the transit to be undertaken.
- 7. Warranted that notice of loss would be provided to the insurer immediately within 24 hours of delivery and weight receipts and other documents pertaining to the adventure as and when required would be produced for claim processing.
- 8. Warranted On Deck Cargo and Over Dimensional Cargo excluded from scope of coverage.
- 9. Warranted cargo conveyance to be fit and suitable for the intended cargo and the intended journey.
- 10. Warranted that goods are transported in closed wagons and/opr trucks to be covered with tarpaulin or any other waterproof material to avoid ingress of water.

जिसकी गवाही में दिन/ माह /वरष को उपरोकत उललेखित कारयालय पते पर अधोहसताकषरी को विधिवित अधिकृत किया जा रहा है उसके हाथ नरिधारति किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शबदों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलबंध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शबंद या अभवियकति जिसके लिए यह वंशिषिट अरथ पॉलिसी या अनुसूची के किसी भी हिससे में संलगन किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दिया जाता है कि प्रीमयिम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 02/February/2024. 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'

इंश्योरेन्सइंडयालिमिटिंड

Stamp Duty: (₹ 0.50)

कृते नेशनल इन्श्योरेन्स कंपनी सटांप इयु**ले**मिटिड/ For and on behalf of National Insurance Company Limited

> अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

Printed on 19/03/2024 by ID: 32180099, AID: 71991

Page no: 3

TAX INVOICE

Invoice Serial No: 30878C3PE0000114 Invoice Date: 02/02/2024

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: M/S SURESHCHAND RAMESHCHANDA Address: 6-7 UDHYOG NAGAR INDORE

INDORE, City:

District: INDORE,

State: MADHYA PRADESH,

PIN: 452001.

Place Of Supply State : Madhya Pradesh State Code: 23 GSTIN No: 23ACIFS8313E1ZA

सैक कोड/ SAC Code	सेवा का वविरण/ Descripti	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable	य/ CGST SGS able			एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		ਜਟੀ/ IGST	केरला बाढ़ उपकर/Kerala Flood Cess
	on of Service		III.	Value(₹)	दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा/Amount(₹)
997135	Marine, aviation, and other transport insurance services	17,500	0%	17,500	9%	1,575	9%	1,575	0%	0	0
TOTAL		17,500		17,500		1,575		1,575		0	0

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

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

Twenty Thousand Six Hundred Fifty 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

