



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 LAXMI INDUSTRIES	ग्राहक आईडी /Customer ID: 9702042116	पैन /PAN:			
पता/ Address: MARKET YARD SHIRPUR DIST DHULIA M S	फोन /Phone:				
, City: DHULE - DISTRICT OTHERS, District: DHULE, State: MAHARASHTRA, PIN: 425405. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.c	om			

प्रीमयिम/ Premium	₹ 6,000.00	कवर नोट संख्या और तथि / Cover	लागू नहीं/NA		
	<b>T</b> 0 00	Note Number and Date	,		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00	المستحد منتسب علم معالم	8800240219814324 Dt. 19/02/2024		
IGST	₹ 1,080.00	प्रस्ताव संख्या और तथि। Proposal			
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
नर्पराप्ति योग्य स्टाम्प इयूटी Recoverable Stamp Duty	₹ 0.50	रसीद संख्या और तथिि Receipt Number and Date	321800812310005587 Dt. 21/02/2024		
कुल /Total Amount	₹ 7,081.00	पछिली पॉलिसी संख्या और समाप्ती तथि7 Previous Policy Number and Expiry Date	लागू नहीं/NA		

Open Policy												
Limit Per transit		45,00,0	00.00	Limit per location			Limit per location 90,00,000			90,00,000.00		
Voyage From Country	Voyage T Country	0	Voyage From Voyage		је То	Via Port	V	ia Airport	Status of Insured			
India	India		SHIRPUR (MS)	S) ANY WHERE IN INDIA		NA	NA		Owner			
Declaration Frequency Monthly			Multi transit cover No									
Mode of Transit By Road												





Cover Type Name	Sum Insured	
Inland Transit Clause -A	₹ 1,00,00,000.00	
SRCC	₹ 1.00.00.000.00	

		Details of Packagi	ng and Commodity			
Commodi	ity	Packaging		Sum Insure		
ALL TYPE IN STAND	GRAINS & PULSES(PACKING DARD)	High Density Polythene	Bags	INR 1,00,00,000.00		
		Storage	description			
Description	on of storage		Period /time (In w	eeks)		
N/A			N/A			
Term Of Cover As per the clauses write stated and attached h			itten hereunder, current on date of sailing or dispatch and /or otherwise ereto			
Clauses /	Special Condition/Warranties	As per Annexure I				
Important	t notice (claim)	As per attached docum	ment			
		FRANCHIS	E DETAILS			
Sr.No.	Franchise Description			Franchise Amount		
1						
	'	EXCESS	DETAILS			
Sr.No. Excess Description			Excess Amo			
1 0.50% OF THE CONSIGNMENT VALUE OR RS 5000/- WHICHEVER IS HIGHER				5000		

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 of	fice of National Insurance Compan	ıy .					
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					

टिष्पणियां/ Remarks: EXCESS CLAUSE 0.50%OF THE CONSIGNMENT VALUE OR RS 5000/- WHICHEVER IS HIGHER BASIS OF VALUATION COST OF INSURANCE & FRIGHT +10%

¿ Inland Transit Rail/Road Clause (A)-2010

Little of Cyber-attack Exclusion Clause

نننننن Inland SRCC Clause

पॉलिसी अनुसूची/ Policy Schedule - Marine Cargo Open Policy **Policy Number:** वयवसाय सुत्रोत /Business Source: 910275 321800212310000123 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/ email:customer.support@nic.co.in



Important notice Clause (time limit for lodging claim and filling suits shall be followed 555555 as per the actual position at law at the material time in each case.

- ¿ The policy shall not provide cover for overloading.
- ¿ Cargo should be carried in structurally closed wagons/container or covered by water proof material.
- ¿ Warranted that loss /damage due to hook shall not be covered.

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.
- 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 coverage.
- 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 दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलगन पॉलिसी, खणड, पृषठांकन और पॉलिसी शबदों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शबद या अभवियक्ति जिसके लिए यह वशिषिट अर्थ पॉलिसी या अनुसूची के किसी भी हिससे में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरसत हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 21/February/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <a href="https://nationalinsurance.nic.co.in">https://nationalinsurance.nic.co.in</a> 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 इन्शयोरेन्स कंपनी स्टांप इ्यूबेमिटिंड/ For and on behalf of National Insurance Company Limited

> अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

Printed on 21/03/2024 by ID: 32180099, AID: 71991

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## **TAX INVOICE**

Invoice Serial No: 30878C3PE0000123 Invoice Date: 21/02/2024

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 LAXMI INDUSTRIES
Address: MARKET YARD SHIRPUR DIST DHULIA M S Address:

DHULE - DISTRICT OTHERS, City:

District: DHULE, State: MAHARASHTRA,

PIN: 425405.

Place Of Supply State : Maharashtra

State Code: GSTIN No: 27AAGFL4655E1ZA

सेवा का दिवरण/ SAC Code Descripti on of Service	वविरण/	कुल/Total( ₹)	छूट/ Discou	टैक्स योग्य/ मूल्य/Taxable	सीजीएसटी की राशा <sup>/</sup> CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/ <b>IGST</b>		केरला बाढ़ उपकर/Kerala Flood Cess
	'	п	nt Value(₹)	दर/Rate	राशि Amount( ₹)	दर/Rate	राशि Amount( ₹)	दर/Rate	राशा∕ि Amount( ₹)	राशा⁄/Amount( ₹)	
997135	Marine, aviation, and other transport insurance services	6,000	0%	6,000	0%	0	0%	0	18%	1,080	0
TOTAL		6,000		6,000		0		0		1,080	0

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

₹7,081

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

**Seven Thousand Eighty 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

