पॉलिसी अनुसूची/ Policy Schedule - Marine Ca	rgo Open Policy			
Policy Number: 321800212410000003	व्यवसाय स्त्रोत /Business Source: 910275			
जारीकर्ता कार्यालय/ Issuing Office कार् यालय कोड /Office Code: 321800 कार् यालय 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 PADMAVATI COTEX	ग्राहक आईडी /Customer ID: 9701932174 पैन /PAN:			
पता/ Address: KOTHARI NIWAS OPP HOTEL ANMITA JALNA	फोन /Phone:			
ROAD BEED, City: BEED, District: BEED, State: MAHARASHTRA, PIN: 431122. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.co	om		

पॉलिसी: 08/04/2024 के 19:00 र midnight of <mark>07/04/2025</mark>	से 07/04/2025 की मध	य्य रात्रि तक प्रभावी /Policy Effecti	ve from 19:00 hours, on 08/04/2024 to		
प्रीमयिम/ Premium	₹ 8,000.00	कवर नोट संख्या और तथि ि Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00		8800240408072082 Dt. 08/04/2024		
IGST	₹ 1,440.00	प्रस्ताव संख्या और तथि। Proposal			
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	321800812410000133 Dt. 08/04/2024		
कुल /Total Amount	₹ 9,441.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	लागू नहीं/NA		
(Rupees Nine Thousand Four Hu	indred Forty One On	ly.)			

Open Policy									
Limit Per transit 65,00,000.00 Limit per location 1,35,00,000.00									
Voyage From Country	Voyage T Country	ō	Voyage From	Voyage To Via Port		Vi	ia Airport Status of Insured		
India	India		ANYWHERE IN INDIA (ONLY SALES)	ANYWHERE IN INDIA (EXCLUDING SPOT DELIVERY)		NA	N/	Ą	Owner
Declaration Frequency Monthly Multi transit cover No						·			
Mode of Transit By Road									

पॉलिसी अनुसूची/ Policy Schedule - Marine Ca	rgo Open Policy
Policy Number: 32180021241000003	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 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



Cover Type Name	Sum Insured	
Inland Transit Clause -A	₹ 2,00,00,000.00	
SRCC	₹ 2,00,00,000.00	

Details of Packaging and Commodity						
Commodi	ty	Packaging		Sum Insured		
ALL TYPE	S OF EDIBLE OIL IN	Tankers		DIBLE OIL IN Tankers		INR 2,00,00,000.00
	Storage description					
Description	on of storage		Period /time (In we	weeks)		
N/A			N/A			
Term Of Cover As per the clauses writed and attached high stated high stated and attached high stated high sta			ritten hereunder, current on date of sailing or dispatch and /or otherwise nereto			
Clauses /	Special Condition/Warranties	As per Annexure I				
Important	notice (claim)	As per attached docum	ient			
		EXCESS	DETAILS			
Sr.No. Excess Description				Excess Amount		
0.5% OF THE CONGINMENT VALUE OR RS. 5000.00 WHICHWEVER 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 offi	ce of National Insurance Compan	у.					
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					

टपि्पणयां/ Remarks: ALL RISK + SRCC **COVERAGE FOR LOADING & UNLOADING**

0.5% OF THE CONGINMENT VALUE OR RS. 5000.00 WHICHWEVER IS HIGHER

Marine for Inland

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 in each case)
- * Infectious disease clause

पॉलिसी अनुसूची/ Policy Schedule - Marine Cargo Open Policy **Policy Number:** वयवसाय सुत्रोत /Business Source: 910275 321800212410000003 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/



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 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 दिन/ माह /वर्ष को उपरोक्त उललेखित कार्यालय पते पर अधोहसताक्षरी 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 शब्द या अभवियक्त जिसिके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिससे में संलगन किया गया हो, एक ही अरथ वहन करेगा चाहे जहाँ भी उललेखित हो। यह आशवासन दिया जाता है कि पिरीमयिम चेक के अस्वीकृतिके 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 08/April/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 08/04/2024 by ID: 32180099, AID: 71991

Page no: 3

TAX INVOICE

Invoice Serial No: 30878C4PE0000003 Invoice Date: 08/04/2024

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 PADMAVATI COTEX
Address: KOTHARI NIWAS OPP HOTEL ANMITA JALNA ROAD BEED Address :

City: BEED, District: BEED,

State: MAHARASHTRA,

PIN: 431122.

Place Of Supply State : Maharashtra

State Code: 27

GSTIN No: 27BRDPK9689J1ZY

सैक कोड/ SAC Code	सेवा का वविर्ण/ Descripti on of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable		ा की राशा/ि SST		यूटीजीएसटी/ UTGST	आईजीएर	ਜਟੀ/ IGST	केरला बाढ़ उपकर/Kerala Flood Cess
			nt	Value(₹)	दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा/Amount(₹)
997135	Marine, aviation, and other transport insurance services	8,000	0%	8,000	0%	0	0%	0	18%	1,440	0
TOTAL		8,000		8,000		0		0		1,440	0

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

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

Nine Thousand Four Hundred Fourty 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

