



Sichuan Yuxin Pharmaceutical Co.Ltd

Weicheng Jinhedong Road ,Shifang,618400,Sichuan,China

Email:chunhua_lu6666@163.com

www.scyuxin.com

Certificate of Analysis

Product Name	Vitamin D3/Cholecalciferol		
Batch Number	150101	Potency	40,000,000IU/ g
Analysis Date	3 rd ,Jan.,2015	Report Date	4 th ,Jan.,2015
Analysis Based on	IP/USP		
Product Manufactured by	Sichuan Yuxin Pharmaceutical Co., Ltd .	Product Provided by	Sichuan Yuxin Pharmaceutical Co., Ltd .
Product Quantity	5kgs		
Manufactured Date	2 nd ,Jan.,2015	Expiry	1 st ,Jan.,2017

Inspection item	Specification	Analysis results
Description	A white crystalline powder	Corresponding
Solubility	Comply	Corresponding
Identification	Comply	Corresponding
Melting point	82°C ~ 87°C	82.6°C
7—Dehydrocholesterol	Max 0.2%	Corresponding
Light absorption	0.46~0.50	0.473
Specific optical rotation	+105° ~ +112°	+108.6°
Assay	97.0%~103.0%	98.95%

Conclusion:

The product complies :IP/USP

Manager of QC :

Examiner:

Analyst:

中国平安财产保险股份有限公司
货物运输保险单
CARGO TRANSPORTATION INSURANCE POLICY

ORIGINAL

Claim documents please mail to:
Marine Claim Section, National Integrated
Operation Center, Ping An Insurance
(Group) Company of China, Ltd
P.O. BOX 302-003,
Shanghai 201203, P.R. China
Tel: +86-755-95511
Fax: +86-21-5027 4783
E-mail: marine-claim@pingan.com.cn

以下信息来源于您的投保申请, 是为您提供理赔及售后服务的重要依据, 请务必仔细核对。如有错误或遗漏请立刻拨打95511申请修改。
Please confirm the accuracy of following information to ensure that we can provide effective claim and other service accordingly. Should you have any query, please contact us by +86-755-95511

被保险人:
Insured: SICHUAN SENYU IMPORT AND EXPORT CO., LTD
通讯地址及邮编:
Address:

中国平安财产保险股份有限公司根据被保险人的要求及其所支付约定的保险费, 按照本保险单所载明条款, 承保下述货物运输保险, 特立本保单。
This Policy of Insurance witnesses that PING AN INSURANCE COMPANY OF CHINA, LTD., at the request of the Insured and in consideration of the agreed premium paid by the Insured, undertakes to insure the
undemanded goods in transportation subject to the conditions of Policy as per the clauses printed overleaf and other special clauses attached hereon.

保单号
Policy No. 12691011900162178132
发票或提单号
Invoice No. or B/L No. 629-95212191
运输工具
Per Conveyance S.S. M1937
起运日期
Slg. on or abt Apr 2, 2015 自 CHENGDU AIRPORT
From
至 MUMBAI AIRPORT
To
保险金额
Amount Insured USD18810.00 美元壹万捌仟捌佰壹拾元整

赔款偿付地点
Claim Payable at BOMBAY IN USD
查勘代理人
Survey by:
Wilson Surveyors And Adjusters Pvt. Ltd. (LLOYD'S)
ADDR: C-204, Remi Biz Court, Veera Desai Road, Andheri
West, Mumbai 400053 India mumbai@wilsur.com
TEL: +91 22 66963606
FAX: +91 22 66963669

保险货物项目、标记、数量及包装:
Description, Marks, Quantity & Packing of Goods:

VITAMIN D2
IP/USP (ERGO-CALCIFEROL)
VITAMIN D3
IP/USP (CHOLE-CALCIFEROL)
2CTNS/20KGS

MARKS:

Importer Name :
NANDLAL BANKATLAL PVT. LTD.
Importer Address:
GALA NO. L-3/1, GR FLR, MUNISURAT
CMPLX, PHASE-II, S. NO. 121/1, ANJUR PHATA, VILLAGE REHNAL
BHIWANDI DIST-THANE-421302, MAHARASHTRA.
Importer license No.: BD-881-26807

承保条件:

Conditions:
COVERING AIR TRANSPORTATION ALL RISKS AS PER AIR
TRANSPORTATION CARGO INSURANCE CLAUSES.

签单日期 2015年04月01日

Date of

Issue:

IMPORTANT
PROCEDURE IN THE EVENT OF LOSS OR DAMAGE FOR WHICH
UNDERWRITERS MAY BE LIABLE
LIABILITY OF CARRIERS, BAILEES OR OTHER THIRD PARTIES

It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable for the purpose of averting or minimizing a loss and to ensure that all rights against Carriers, Bailees or other third parties are properly preserved and exercised. In particular, the Assured or their Agents are required:
1. To claim immediately on the Carriers, Port authorities or other Bailees for any missing packages.
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.
3. When delivery is made by Container, to ensure that the Container and its seals are examined immediately by their responsible official if the Container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to cause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
4. To apply immediately for survey by Carriers' or other Bailees' Representatives if any loss or damage be apparent and claim on the Carriers or the Bailees for any actual loss or damage found at such survey.
5. To give notice in writing to the Carriers or other Bailees within 3 days of delivery if the loss or damage was not apparent at the time of taking delivery.

NOTE: The Carriers or their Agents are recommended to make themselves familiar with the Regulations of the Port Authorities at the port of discharge.

验真码: M7r6RkHY8cc8HGy92r

DOCUMENTATION OF CLAIMS

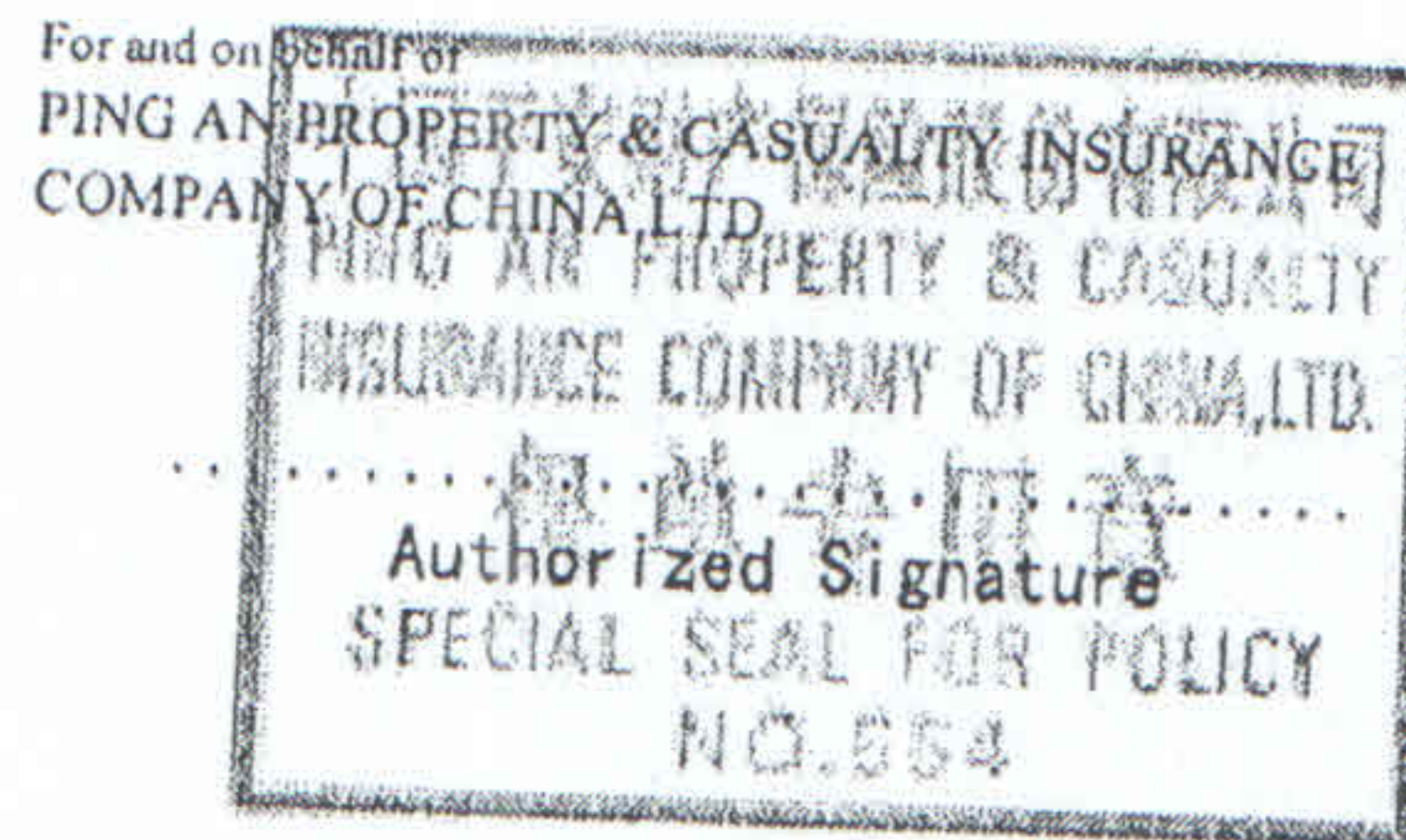
To enable claims to be dealt with promptly, the Assured or their Agents are advised to submit all available supporting documents without delay, including when applicable:

1. Original policies of insurance.
2. Original or certified copy of shipping invoice, together with shipping specification and / or weight notes.
3. Original or certified copy of Bill of Lading and / or other contract of carriage.
4. Survey report or other documentary evidence to show the extent of the loss or damage.
5. Landing account and weight notes at port of discharge and final destination.
6. Correspondence exchanged with the Carriers and other Parties regarding their liability for the loss or damage.

In the event of loss or damage which may involve a claim under this insurance, no claim shall be paid unless immediate notice of such loss or damage has been given to and a Survey Report obtained from this Company's Office or Agents specified in this Policy.

签单地址及电话
Issuing Address & TEL: 0086-028-5557766
成都市武侯区航空路6号丰德国际广场C座

Tel.



请登陆 <http://cargo.pa18.com> 验证保单, 以网上保单为准。