

## MARINE HULL POLICY

POLICY Nr.	: 302.501.240.18.00003/000/000	RENEWAL
Branch Office	: PEMATANG SIANTAR	
Type	: Time Policy	
Name Of Vessel	: GAS NURI ARIZONA	
Name of Insured(s) etc	: PT. BNI (PERSERO) Tbk., SKM BEKASI QQ PT. PELAYARAN EKANURI INDRA	
Address of Insured	: JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi - JAWA BARAT 17141	

### IMPORTANT

- 1 policy holders are requested to read the Policy and carefully note its terms and conditions in order to satisfy themselves that it is in accordance with their requirements.
- 2 In the event of accident whereby loss or damage may result in a claim under this Policy, notice shall, be given Under writers prior to survey and also, if the vessel is abroad, to the nearest Llyod's Agent so that a surveyor may be appointed to represent the Underwriters should the so desire.
- 3 In the Clauses attaching and - those specified in the Schedule hereto the word "Underwriters" where used is synonymous with "Assurers"
- 4 The Policy, the Schedule and attaching Causes shall be read together as one, contract and any word or expression to which a Specific meaning has been attached in any part of this Policy, the Schedule or the Clauses shall bear such specific meaning wherever it may appear
- 5 It is necessary for the Insured when the become aware of an even which is "held covered" under this insurance to give prompt notice to Insurers and the right to such cover is dependent upon
- 6 In the event of a total loss on Constructive total loss of the interest assured, the balance, if any, of the full annual premium becomes immediately payable by the Insured.
- 7 This Company reserves to itself the right to cancel this Policy by giving written notice to the Insured. If the premium or any part there has not been paid when due.
- 8 "It is the duty of the Insured and his agents, in all cases, to take such measurers as may be reasonable for the purpose of averting minimising as loss".

We, PT. ASURANSI JASA INDONESIA (Persero), hereby agree, in consideration of payment to us by or on behalf of the insured of the premium as arranged to insure against loss damage liability or expenses to the extent and the manner herein provided.

In the witness whereof the Undersign of PT.ASURANSI JASA INDONESIA (Persero), on behalf of the said company, have subscribed My Name into Policies of the same tenor and date, one of which being accomplished to others to be void, as of the date specified in the schedule.



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Address of Insured	: JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi - JAWA BARAT 17141	

Name of Vessel	: GAS NURI ARIZONA	Ex : GAS TEXIANA
Type of Vessel	: LPG	
Classification	: Korean Register of Shipping	
Construction	: Baja	
Year of Build	: 1995	
GRT / DWT / BHP / DIMENSION	: 5.087.00 TON / 5.590.00 TON / 0,00 / 28,4 M X 19,8 M X 8,6 M	

Interest	Amount Insured	Rate of Premium
1 Hull & Machinery, etc. Value at	US \$ 2,500,000.00	0.60000%

Sum Insured	: US\$. 2.500.000,00 (The maximum amount recoverable under the policy to settle all claims any one accident or occurrence)
Trading Warranties	: As per Cargo Ship Safety Construction Certificate
Yurisdiction	: Indonesia
Deductible	: 0.75% of Insured Value for Partial Loss and 1% of Insured Value for Constructive Total Loss / Total Loss any one accident or occurrence for all claims
Conditions	: ITC - Hulls - Cl. 280
Warranties	:
CLAUSES :	

1. ITC - Hulls 1/10/83 (Cl.280)
2. Institute War & Strikes – Time Hulls 1/10/83 (Cl.281), Subject to JWC Listed Area (JWLA023, 14th June 2018)
3. Institute Cyber Attack Exclusion Clause 10/11/2003 (Cl.380)
4. Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical, Electromagnetic Weapons Exclusion Clause 10/11/2003 (Cl.370)
5. Canceling Return Only (No Lay Up return)
6. Additional Notice of Claim Clause
7. Terrorism Exclusion Clause
8. Sanction Limitation and Exclusion Clause JH2010/009
9. Banker's Clause PT. BNI (Persero) Tbk, SKM Cab. Bekasi
10. Leased Equipment Clause
11. Part Removed Clause
12. Indonesian Jurisdiction Clause
13. Deferred Premium Clause (5x Installment during 5 months since inception date)
  - Installment I with due date 16th November 2018 amounted 20% of premium and administration cost
  - Installment II with due date 16th December 2018 amounted 20% of premium
  - Installment III with due date 16th January 2019 amounted 20% of premium
  - Installment IV with due date 16th February 2019 amounted 20% of premium
  - Installment V with due date 16th March 2019 amounted 20% of premium

**WARRANTIES :**

1. Warranted vessel KR classed and KR classed maintained at the time of accident.
2. Warranted statutory documents and/or regulatory requirements must be valid and maintained at the time of accident.
3. The Insured Ship shall not operate outside of the trading area of Cargo Ship Safety Construction Certificate
4. The vessel is operated in accordance with its designed capacity and no over loaded capacity in cargo tanks at the time of accident
5. The insured vessel equipped with fire extinguisher which must be maintained and comply with regulation during the period of insurance
6. Korean Register Certificate of Classification is valid & active
7. No grace period for each installment
8. No claim/loss up to 29 October 2018
9. No pre existence damage up to 29 October 2018
10. Warranted that Safety Management System as required by International Safety Management (ISM) Code and regulation of the Indonesian Transportation Minister PM. 45 Tahun 2012 must be properly implemented and effective with related certificates are valid and maintained during period of insurance
11. All of copied document/valid and maintained certificate of vessel should be held during period of insurance
12. Other Warranties (if any) refer to Jasindo Policy




**MARINE HULL TIME POLICY  
SCHEDULE**

Policy Cost	:	US.\$.	1.50
Stamp Duty	:	US.\$.	1.00
Total	:	US.\$.	15,002.50

Place signed in P. SIANTAR  
Date 30 October 2018



 SAUT TARIDAHASIHOLAN, S.SI  
KEPALA CABANG

Kantor / Unit : PEMATANG SIANTAR

**KUITANSI  
RECEIPT**

NO.003/501/BNI/2018

Terima dari : PT. BNI (PERSERO) Tbk., SKM BEKASI QQ PT. PELAYARAN EKANURI INDRA  
Received From PRATAMA  
Alamat : JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi JAWA BARAT 17141  
Address  
Sejumlah : US\$. 3.002,50  
The Sum Of TIGA RIBU DUA DAN LIMA PULUH PER SERATUS US.DOLLAR  
Untuk Pembayaran : PREMI ASURANSI  
Being Payment Of  
Nomor Polis : 302.501.240.18.00003/000/000  
Policy No.  
No. Debet Nota : 302.501.240.10.00001/2018  
Debit Note No.  
Jenis Pertanggungan : 501 TIME POLICY  
Kind Of Business  
Keterangan :

P. SIANTAR, 30 Oktober 2018

\* Apabila dalam batas waktu sampai dengan tanggal 16 November 2018 Premi tidak dilunasi, maka polis menjadi batal.

Mohon Cheque di cross dan atas nama PT. Asuransi Jasa Indonesia (Persero) Pembayaran dengan cheque baru berlaku bila cheque tersebut telah diuangkan.

Please do cross cheque on behalf of PT. Asuransi Jasa Indonesia (Persero) Payment by cheques valid after cashed.

Biaya Meterai

Rp. 6000,-

SAUT TARIDAHASIHOLAN, S.Si  
KEPALA CABANG

\* Ini adalah dokumen yang sah meskipun tanpa dibubuhi

**TANDA TERIMA**

No. Kuitansi : 003/501/BNI/2018  
Receipt No.  
No. Polis : 302.501.240.18.00003/000/000  
Policy No.  
No. Debet Nota : 302.501.240.10.00001/2018  
Debit Note No.  
Jumlah : US\$. 3.002,50  
Amount  
Tgl. Terima :  
Date of Received

Nama Tertanggung : PT. BNI (PERSERO) Tbk., SKM BEKASI QQ PT. PELAYARAN EKANURI  
INDRA PRATAMA  
Alamat Tertanggung : JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi JAWA BARAT  
17141

Tanda tangan  
Signature



Kantor / Unit : PEMATANG SIANTAR

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Alamat : JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi JAWA BARAT 17141  
Address  
Sejumlah : US\$. 3.000,00  
The Sum Of TIGA RIBU US.DOLLAR  
Untuk Pembayaran : PREMI ASURANSI  
Being Payment Of  
Nomor Polis : 302.501.240.18.00003/000/000  
Policy No.  
No. Debet Nota : 302.501.240.10.00002/2018  
Debit Note No.  
Jenis Pertanggungan : 501 TIME POLICY  
Kind Of Business  
Keterangan :

P. SIANTAR, 30 Oktober 2018




SAUT TARIDAHASHIOLAN, S.Si  
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Untuk Pembayaran : PREMI ASURANSI  
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Nomor Polis : 302.501.240.18.00003/000/000  
*Policy No.*  
No. Debet Nota : 302.501.240.10.00004/2018  
*Debit Note No.*  
Jenis Pertanggungan : 501 TIME POLICY  
*Kind Of Business*  
Keterangan :

" Apabila dalam batas waktu sampai dengan tanggal 16 Februari 2019 Premi tidak dilunasi, maka polis menjadi batal."

Mohon Cheque di cross dan atas nama PT. Asuransi Jasa Indonesia (Persero)  
Pembayaran dengan cheque baru berlaku bila cheque tersebut telah diuangkan.

Please do cross cheque on behalf of PT. Asuransi Jasa Indonesia (Persero)  
Payment by cheques valid after cashed.

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Nama Tertanggung : PT. BNI (PERSERO) Tbk., SKM BEKASI QQ PT. PELAYARAN EKANURI  
INDRA PRATAMA

Alamat Tertanggung : JL. A. YANI NO.15 KOTA BEKASI JAWA BARAT Bekasi JAWA BARAT  
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*Debit Note No.*  
Jenis Pertanggungan : 501 TIME POLICY  
*Kind Of Business*  
Keterangan :

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Mohon Cheque di cross dan atas nama PT. Asuransi Jasa Indonesia (Persero)  
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Untuk Pembayaran : PREMI ASURANSI  
Being Payment Of  
Nomor Polis : 302.501.240.18.00003/000/000  
Policy No.  
No. Debet Nota : 302.501.240.10.00005/2018  
Debit Note No.  
Jenis Pertanggungan : 501 TIME POLICY  
Kind Of Business  
Keterangan :

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maka polis menjadi batal."

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