GSTIN:

PAN : AMIPP3636M



Accounts Copy

SM EXPRESS

B-8, CMDA Truck Terminal Comple

www.smexpress.in

SM E	XPRES	3			Cell:	720000	4295	
		aram, Chennai - 6001	10			938138	4295	
email - info@s	mexpress.in	smexpress@roccketm	ail.com					
AT OV	VNER'S RISK			ORRY NUMBER:				
INS	URANCE	1	L	ORRY NUMBER:				
INSURANCE The Customer has s	stated that:		ISS	SUING BRANCH :				
insured the consigni	he consignment or he has ment.		5	SM/EXP/LR/CHN:				
Static text Policy No. Amount	Start Date : End Date :			CN DATE :				
				То :				
				From :				

The consignment will not be detained diverted or re-booked without Consignee Copy will be delivered at the destination.

Address	to the De	elivery Off	ce:

Cosigner's Name & Address :	:
Cosignee's Name & Address	:

Off.: 044 - 25530176

CAUTION	AT OWNER'S RISK		LORRY NUMBER:		
The consignment will not be detained diverted or re-booked without Consignee	INSURAN	CE	201111		
Copy will be delivered at the destination.	INSURANCE The Customer has stated that: he has not insured the consignment or he has		ISSUING BRANCH:		
Address to the Delivery Office :	insured the consignment.		SM/EXF	P/LR/CHN:	
,	Static text Policy No. Sta	rt Date :		CN DATE :	
		d Date :	`	JN DATE.	
Cosigner's Name & Address :				То :	
			_		
Cosignee's Name & Address :				From :	
Cosigner's Name & Address :			\neg	То:	
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CAUTION

Cosignee's Name & Address :

From:

CAUTION The consignment will not be detained diverted or re-booked without Consignee Copy will be delivered at the destination. Address to the Delivery Office:	INSURANCE The Customer has stat he has not insured the	INSURANCE INSURANCE The Customer has stated that: he has not insured the consignment or he has insured the consignment. Static text Policy No. Start Date:		ISSUING BRANCH: SM/EXP/LR/CHN: CN DATE:		
Cosigner's Name & Address :				To :	1	

CAUTION

Cosignee's Name & Address :

From:

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Cosigner's Name & Address :		То:			

CAUTION

Cosignee's Name & Address :

From:

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Cosigner's Name & Address :				То :		—	

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Cosignee's Name & Address :

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Cosignee's Name & Address :

CAUTION

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Address to	the Del	ivery Of	fice :	

AT OWNER'S RISK

INSURANCE

INSURANCE

The Customer has stated that:

he has not insured the consignment or he has insured the consignment.

Static text

Policy No. Start Date : Amount End Date :

LORRY NUMBER:

ISSUING BRANCH:

SM/EXP/LR/CHN:

CN DATE: