

**Expeditors**  
You'd be surprised how far we'll go for you

Ship Date	Origin	Dest
12/09/24	MAA TIRUPPUR (TAMIL NADU)	TIRUPPUR (TAMIL NADU)

IN TIME:- 3 04

For Service Conditions, Please refer to:  
www.expeditors.com/NATServiceConditions

**Contract of Carriage**

**E1133239679**

**SHIPPER INFORMATION**  
 Shipper Account # Apollo TYRES LTD  
 Shipper Name (From) Do. CHENNAI, SF NO-104/18  
 Address C HOKKANALLUR VILLAGE

**CONSIGNEE INFORMATION**  
 Consignee Account # AMBAL TYRE WORLD  
 Consignee Name (To) NO. 654/1B, KOVAI ROAD  
 Address KANGAYAM

City CHENNAI	State TAMIL NADU	Code 600 072
City TIRUPPUR	State TAMIL NADU	Code 638701

Contact Phone

Payment Method  Prepaid  Collect  3rd Party

**THIRD PARTY INFORMATION**  
 Third Party Account #  
 Third Party Name (To)  
 Address

If no payment method is selected, Shipper will be billed for all charges.

**Service Requested**  
 Same Day  
 Next Day ROAD  
 Second Day  
 Three Day  
 Deferred (3 to 5 days)  
 If no service level is selected, shipment moves Next Day or actual service provided.

**Handling Information**  
 AM Delivery  
 Guaranteed Service  
 Saturday Delivery  
 Sunday Delivery  
 Inside Delivery  
 Other

Special Instructions  
 E-WAY BILL:- 5617 0470 4970  
 DT:- 12/09/24  
 INV. No:- 1234132 774  
 DT:- 12/09/24

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT
4 ps	KLS140ULVOW1	47 KG	215/55	217	94W
4 ps	TOTAL PIECES	TOTAL WEIGHT 47 KG			

**Declared Value for Carriage**  
 Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here. INR 45 519

**Amount of Insurance**  
 Insurance - If insurance is requested in accordance with the conditions hereof indicate amount to be insured here. INR

**International** \_\_\_\_\_  
**Customs Value** INR \_\_\_\_\_

Does this shipment contain dangerous goods? **ONE BOX MUST BE CHECKED**  
 Yes - as per attached  Shippers Declaration  Not Required  
 No  Shippers Declaration  Not Required

Shipper's Signature ON [Signature]  
 Print Name  
 Date / Time

Received By: [Signature]  
 Warehouse Signature  
 Print Name  
 Date

Time