



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

| Insured's Name | : | : SALASAR GINNING AND PRESSING | | | |
|------------------|---|---|----------------|---|---|
| Insureds Details | | Issuing Office Details | | | |
| Customer ID | : | PO84426464 | Office Code | : | AHMEDNAGAR D.O. 151800 (151800) |
| Address | : | AT: KAPANGAON, TQ: RAJURA. DISTT: CHANDRAPUR | Address | : | ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001 |
| | | RAJURA MANIK GARH ,MAHARASHTRA, 442905 | | | |
| Phone No | : | | Phone No | : | 02412321538 / 02412329761 |
| E-mail/Fax | : | pradip_chindaliya@yahoo.co.in, / | E-mail/Fax | : | nia.151800@newindia.co.in / 02412341439 |
| PAN No | : | ABKFS1900N | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ABKFS1900N1ZW / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---|--|---|---|
| Policy Number | : | 15180046210100000166 | Business Source Code | | |
| Period of Insurance | : | From: 22/11/2021 11:26:42 AM To: 21/05/2022 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator | : | JAINUINE INSURANCE BROKERS PVT. LTD (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) |
| Date of Proposal | : | 22-Nov-21 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // |

| Financier(s) Details | | |
|----------------------|--------------------------------|--|
| SI. No. | SI. No. Name of the Financiers | |
| 1 | HDFC BANK LTD | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--|----------|---|-------------------------------------|
| 10497 | 1890 | 12388 | RUPEES TWELVE THOUSAND THREE HUNDRED EIGHTY-EIGHT ONLY | 1518008121000000906 5 - 23/11/21 |
| Location Details | Details : SALASAR GINNING AND CHANDRAPUR | | D PRESSING, AT: KAPANGAON, TQ: | RAJURA. DISTT: |

: NA First Loss Percentage

Details of assets covered under the Policy

| Stocks in | Stocks in Trade | | | |
|-----------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | cotton FP Bales,Lint,Cotton seeds ,Seeds & Oil Cake | 3000000 | | |

| Goods held in Trust / Commision | | | | |
|---------------------------------|--------------------------------|---|--|--|
| SI. No. | GOODS HELD DETAILS Sum Insured | | | |
| 1 | NA | 0 | | |

| Furniture | Furniture / Fixture / Fittings | | |
|-----------|---|---|--|
| SI. No. | o. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured | | |
| 1 | NA | 0 | |

| Office Ed | quipments | | |
|-----------|--|---|--|
| SI. No. | . OFFICE EQUIPMENT DETAILS Sum Insured | | |
| 1 | NA | 0 | |

| Coins / C | Currency notes | |
|-----------|-------------------------------|-------------|
| SI. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured | |
|---------|-------------------------------|-------------|--|
| 1 | NA | 0 | |

| Descript | Description of other item | | |
|----------|--------------------------------|---|--|
| SI. No. | OTHER ITEM DETAILS Sum Insured | | |
| 1 | NA | 0 | |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| Special Conditions | : | On stock of cotton FP Bales,Lint,Cotton seeds ,Seeds & Oil Cake whilst stored &/or lying in Godown bldg |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 10497.00 |
| SGST | 9 | 945 |
| CGST | 9 | 945 |
| IGST | 0 | 0 |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s)

on this 23rd day of November, 2021.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 23/11/2021

Duly Constituted Attorney(s)

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt number_____ dt.____. Stamp Duty under the Policy is ₹1/-.

Tax Invoice No: 15180021P0011054

IRDA Registration Number: 190