



POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	: ABHISHEK GINNING & PRESSING PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO92693205	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: GUT NO 130, DHULE ROAD, DONDAICHA DIST DHULE DONDALICHA R S ,MAHARASHTRA, 425408	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412329761
E-mail/Fax	: ABHISHEKGP21@YAHOO.CO.IN, /	E-mail/Fax	: nia.151800@newindia.co.in / 02412341439
PAN No	: AAFCA2186F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAFCA2186F1ZS / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180048210300000021	Business Source Code	
Period of Insurance	: From: 04/11/2021 12:00:01 AM To: 03/11/2022 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	: 04-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, / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
10500	1890	12390	RUPEES TWELVE THOUSAND THREE HUNDRED NINETY ONLY	1518008121000000812 5 - 06/11/21

Money in safe (during and after business hours)	: 9900000
Money in Till	: 9900000

Sl. No.	Location & Address
1	ABHISHEK GINNING & PRESSING PVT LTD, GUT NO 130, DHULE ROAD, DONDAICHA DIST DHULE
2	FACTORY, BANKS, RESIDENCE OF ALL PARTNER / PROPRIETOR.

SECTION - 1				
Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	9900000	0	0
2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa	9900000	0	0



3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa	9900000	0	0
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Limit over the Policy period (Estimated Annual Turnover)	:	150000000
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Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	300
2.	Details of employees handling Money	OWNER OR AUTHORIZED EMPLOYEE
3.	How is money carried	BAGS, TRUNKS, SUITCASE WITH
4.	Mode of Transport	VEHICLE PUBLIC OR PR
5.	Details of armed guards or any other protection	No Security Guard
6.	Details of money kept outside business hours	Safe Consists of Wooden / Steel Cupboard.
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	OWNER OR AUTHORIZED EMPLOYEE
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 99,00,000/- (99 Lakhs) Section 1 B ₹ 99,00,000/- (99 Lakhs) Section 1 C ₹ 99,00,000/- (99 Lakhs) Section 2 ₹ 99,00,000/- (99 Lakhs)
Excess	:	0

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 10500.00
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 06th day of November,2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 06/11/2021

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 : 15180021P0009880

IRDA Registration Number: 190

Policy No. : 1518004821030000021 Document generated by 24768 at 06/11/2021 13:29:43 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.