



POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	:	GOYAL ENTERPRISES				
Insured's Details				Issuing Office Details		
Customer ID		PO85500466	Office Code	:	AURANGABAD DO-160400 (160400)	
Address	:	SURVEY NO.400, PARLI ROAD, GANGAKHED DIST- PARBHANI	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
		Gangakhed ,MAHARASHTRA, 431514				
Phone No	:		Phone No	:	02402333572 / 02402333361	
E-mail/Fax	:	sachingoyal.2008@yahoo.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AALFG1179P1ZQ / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number	:	16040048210300000024	Business Source Code			
Period of Insurance	:	From: 02/12/2021 02:40:08 PM To: 01/12/2022 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	:	02-Dec-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(₹)	mium(₹) GST(₹)		Total (₹ in words)	Receipt No. & Date	
13999	2520	16519	RUPEES SIXTEEN THOUSAND FIVE HUNDRED NINETEEN ONLY	1604008121000000879 3 - 02/12/21	

Location Details	:	Goyal Enterprises Survey No.400,Parli road, Gangakhed Dist- Parbhani
Money in safe (during and after business hours)	:	9800000
Money in Till	:	9800000

SECTION - 1								
SI. 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.	9800000	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	9800000	0	0				

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3.	Section 1 C - Money (othe and 1B above) collected be custody of the insured or temployee/s of the insured premises or hank within a 48 hours from the time of versa	y and in the personal he authorized whilst in transit to the period not exceeding	9800000	0	0		
Limit ov (Estima	ver the Policy period Ited Annual Turnover)	: 200000000					
Optiona	al Covers		Sum Insured	(₹)			
SRCC C	Cover		NOT OPTED				
Terroris	sm		NOT OPTED				
Risk De	taile						
1.	Maximum distance over w	hich money will be conveye	he	500			
2.	Details of employees hand		-u				
3.	How is money carried	ming Pioney		By owner or authorized employee 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 outs	side 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	t t		BY OWNER OR AUTHORIZED EMPLOYE			
9.	Are all the keys removed of	outside business hours		No			
Special	Conditions	: FACTORY,OFFICE,BA radius of 500 fro /to	NK ,RESIDENC	E OF ALL THE PARTNER / P	ROPRIETOR.with in the		
Excess		: 1000					
	licy shall subject to MONEY I	NSURANCE policy clauses a					
Premium			Rate of Tax	Amount in INR ₹ 13999.00			
SGST	'		9	1260			
CGST			9	1260			
IGST			0	0			
In witne set his	ess whereof the undersigned (their) hand(s) on this 02nd	l being duly authorised by t day of December,2021.	the Insurers an	d on behalf of the Insurers	has (have) hereunder		
Date of	s Issue: 02/12/2021			For and on b The New India Assurand			
				Duly Constituted	i Attorney(s)		
	nkDt Sta			ler Numberv	ride receipt		

Tax Invoice No : 16040021P0013589

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IRDA Registration Number: 190