



## POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	:	GIRIRAJ COTTON INDUSTRIES			
	Insured's Details	Issuing Office Details			
Customer ID		PO93353976 Office Code		:	AURANGABAD DO-160400 (160400)
Address	:	S NO 89, ROHITAL ROAD, OPPOSITE TMC GEORAI, DIST: BEED ,MAHARASHTRA, PIN 431127 GEVARAI MAHARASHTRA, 431127	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	GEVARALIMATARAGITIKA, 401121	Phone No	1:	02402333572 / 02402333361
E-mail/Fax	:	girirajcottonindustries@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AQDPM1964A1Z4 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number	:	16040048210300000025	<b>Business Source Code</b>	Business Source Code		
Period of Insurance	:	From: 02/12/2021 03:41:12 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(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
9000	1620	10620	RUPEES TEN THOUSAND SIX HUNDRED TWENTY ONLY	1604008121000000883 0 - 02/12/21	

Location Details	:	Giriraj Cotton Industries S No 89 , Rohital Road , Opposite TMC Georai , Dist : Beed ,Maharashtra
Money in safe (during and after business hours)	:	7500000
Money in Till	:	7500000

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.	7500000	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	7500000	0	0				

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3.	Section 1 C - Money ( oth and 1B above ) collected custody of the insured or employee/s of the insured premises or hank within a 48 hours from the time of versa	the authorized d whilst in transit to the a period not exceeding	7500000	0	0		
Limit ov (Estima	ver the Policy period ted Annual Turnover)	: 100000000					
Optiona	l Covers		Sum Insured	(₹)			
SRCC C	over		NOT OPTED				
Terroris	m		NOT OPTED				
Risk De	tails						
1.		which money will be convey	ed	300	)		
2.	Details of employees han		-	Cash Will Be Carried By The Owner And Any Authorized Employees			
3.	How is money carried			ANY TYPE OF BAGS	, SUITCASE WIT		
4.	Mode of Transport			ANY VEHICLE PUBLIC O			
5.	Details of armed guards of			No Security Guard			
6.	Details of money kept out			Safe Consists of Wooden / Steel upboard			
7.		is kept, fixed to the walls or	floor	No			
8.	By whom are the keys he			BY OWNER OR AUTHORIZED EMPLOYE			
9.	Are all the keys removed	outside business nours		No			
Special	Conditions	: Cash Will Be Carried Radius To Insured Pr DIRECTOR/ PARTNER	emises, Bank, <i>A</i>	r And Any Authorized Empl ALL FACTORIES, OFFICES, F R vice varsa	oyees Within 300 KMS RESIDENCE OF ALL		
Excess		: 0					
This Pol	icy shall subject to MONEY	INSURANCE policy clauses	attached herev	vith.			
Premium	and GST Details						
Duamalium			Rate of Tax	Amount in INR			
Premium SGST	1		9	₹ 9000.00 810			
CGST			9	810			
IGST			0	0			
In witne set his (	ess whereof the undersigne (their) hand(s) on this 02nd	d being duly authorised by I day of December,2021.	the Insurers an	d on behalf of the Insurers	has (have) hereunder		
				For and on The New India Assurand			
Date of	Issue: 02/12/2021						
				Duly Constituted	d Attorney(s)		
		_consolidated Stamp Fees camp Duty under the Policy		ler Numberv	vide receipt		

Tax Invoice No: 16040021P0013636

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IRDA Registration Number: 190