



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

| Insured's Name | : | : MAHAVEER GINNING & PRESSING | | | | | |
|------------------|---|--|------------------------|----------|--|--|--|
| Insureds Details | | | Issuing Office Details | | | | |
| Customer ID | : | PO93955603 | Office Code | | : DO II AURANGABAD (160500) | | |
| Address | : | MAHAVEER TRADING COMPANY, GRAIN MERCHANT, SOYLA ROAD, RAIPUR, JHALAWAR, RAJASTHAN, 326036 | Address | : | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003 | | |
| | | RAIPUR JHALAWAR ,RAJASTHAN, 326036 | | | | | |
| Phone No | : | | Phone No | <u>:</u> | 02402482688 / 02402480985 | | |
| E-mail/Fax | : | mgp1008@rediffmail.com, / | E-mail/Fax | : | nia.160500@newindia.co.in / 02402486895 | | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | | |
| GSTIN/UIN | : | 08AAMFM6965G1ZQ / NA | GSTIN | : | 27AAACN4165C3ZP | | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | | |

| Policy Details | | | | | |
|---------------------|--|---|--|---|---|
| Policy Number | y Number : 16050046210100000197 Business Source Code | | | | |
| Period of Insurance | : | From: 28/12/2021 12:00:01 AM To: 27/03/2022 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 | : | 28-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, // |

| Financier(s) Details | | | |
|----------------------|------------------------|--|--|
| SI. No. | Name of the Financiers | | |
| 1 | S.B.I MIDC BR JALGAON | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--------|----------------------|---|-------------------------------------|
| 5000 | 900 | 5901 | RUPEES FIVE THOUSAND NINE HUNDRED ONE ONLY | 1605008121000000580 6 - 28/12/21 |
| Location Details | : r | Mahaveer Trading co, | Grain Merchant, Soyala road, Raipur | ,Dist.Zalavar, Rajasthan |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | | | | |
|-----------------|--|-------------|--|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | | |
| 1 | Godown Stock:- | 20000000 | | | |
| | On stock of cotton F P Bales (Lint), Yarn & Polyester whilst stored &/or | | | | |
| | lying in silent factory Godown / & or Warehouse. | | | | |

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

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

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



| SI. No. | OFFICE E | QUIPN | MENT DETAILS | Sum Insured | | |
|--|-------------------------------|-------------|-----------------------------------|--------------------------|---------------------------------|--|
| 1 | NA | | | 0 | | |
| Coinc / (| Currency notes | | | | | |
| SI. No. | Currency notes COINS/CURR | Sum Insured | | | | |
| 1 | COMS/CORK | N. | | | 0 | |
| | 1 | | | 1 | | |
| | Description of other item | | | | | |
| SI. No. | OTHE | | EM DETAILS Sum Insured | | | |
| 1 | | N. | Α | | 0 | |
| | Add on Covers | | | Sum Insured (₹) | | |
| Other Ex | xtension | | | NOT OPTED | | |
| Theft Ex | tension | | | NOT OPTED | | |
| Terroris | m | | | NOT OPTED | | |
| Special | Conditions | T: T i | ocation:- Mahaveer Trading co, | | | |
| | | G | rain Merchant, Soyala road, Raipı | ır ,Dist.Zalavar, R | ajasthan 326001 | |
| Excess | | | 1000 | | | |
| This Poli | icy shall subject to BURGLARY | polic | cy clauses attached herewith. | | | |
| | | | | | | |
| Premium | and GST Details | | | | | |
| Premium | | | Rate of Tax | Amount in I ₹ 5000.00 | NR | |
| SGST | | | 0 | 0 | | |
| CGST | | | 0 | 0 | | |
| IGST | | | 18 | 900 | | |
| In witne | ss whereof the undersigned b | eing | duly authorised by the Insurers a | nd on behalf of th | e Insurers has (have) hereunder | |
| | | | | | | |
| on this 2 | 28th day of December,2021. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Fo | or and on behalf of | |
| | | | | The New Indi | a Assurance Company Limited | |
| Date of | Issue: 28/12/2021 | | | | | |
| 2 4 4 5 6 . | .5545. 26, 22, 2522 | | | | | |
| | | | | | | |
| Duly Constituted Attorney(s) | | | | | Constituted Attorney(s) | |
| | | | | | | |
| Mudia | , Dt | nes! | dated Stamp Face Daid by Day O | dor Number | vido rossist | |
| Mudrank Dtconsolidated Stamp Fees Paid by Pay Order Numbervide receipt | | | | | | |
| numberdt Stamp Duty under the Policy is ₹1/ | | | | | | |
| | | | | | | |
| | | | T- 1- 1- 1- 1005000170 | 044005 | | |
| | | | Tax Invoice No : 16050021P0 | 011295 | | |

IRDA Registration Number: 190