



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

Insured's Name	:	: SHRI KRISHNA GINNING & PRESSING FACTORY				
Insureds Details				Issuing Office Details		
Customer ID	:	PO92763449	Office Code		DO II AURANGABAD (160500)	
Address	:	PLOT NO.A-11 & A-5, MIDC, DEOLI DIST- WARDHA-442101	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD	
		DEOLI ,MAHARASHTRA, 442101			,431003	
Phone No	:		Phone No	:	02402482688 / 02402480985	
E-mail/Fax	:	maheshagrawal69@gmail.com, /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AABHM7216H1Z9 / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details							
Policy Number	:	16050046210100000177	Business Source Code	Business Source Code			
Period of Insurance	:	From: 06/12/2021 02:36:44 PM To: 05/04/2022 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	:	06-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		ICICI BANK LTD			
Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
6762	1218	7981	RUPEES SEVEN THOUSAND NINE HUNDRED EIGHTY-ONE ONLY	1605008121000000515 5 - 06/12/21	

Location Details	: Ambika Industries C/o. Dineshkumar Mohanlal Agrawal Godown No.1 & 3 , Plot no.A- 4 ,MIDC,DEOLI	
		_
First Loss Percentage	: NA	

Details of assets covered under the Policy

<u>Stocks in</u>		
SI. No.	STOCK DETAILS	Sum Insured
1	Godown Stock:-	2000000
	On stock of cotton F P Bales, & Cotton seed whilst stored &/or	
	lying in silent factory Godown / & or Warehouse.	
	iging in shell factory Godown / & or Watehouse.	

Goods held in Trust / Commision					
SI. No.	. GOODS HELD DETAILS Sum Insured				
1	L NA O				
Furniture / Fixture / Fittings SI. No. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured					
1	NA	0			
Office Equipments					
SI. No.	SI. No. OFFICE EQUIPMENT DETAILS Sum Insured				

Policy No. : 16050046210100000177Document generated by 36776 at 06/12/2021 14:40:24 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.



1	NA	A	0
Coins / Curre	ncy notes		
SI. No.	COINS/CURRENCY/	CURIOS DETAILS	Sum Insured
1	NA	A	0
Description o	of other item		
SI. No.	OTHER ITEM DETAILS		Sum Insured
1	NA		0
Add on Covers			Sum Insured (₹)
Other Extens	ion		NOT OPTED

Terrorism		NOT OPTED	
Special Conditions	:	Location:-Ambika Industries C/o. Dineshkumar Mohanlal Agrawal Godown No. 1 & 3 , Plot no. A- 4 ,MIDC, DEOLI Dist. Wardha Maharashtra PIN - 442101	
Excess	:	1000	

NOT OPTED

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

Theft Extension

	Rate of Tax	Amount in INR
Premium		₹ 6762.00
SGST	9	609
CGST	9	609
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 December,2021.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 06/12/2021

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 : 16050021P0010099

IRDA Registration Number: 190

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