



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	: AIFAZ COTTEX PVT LTD						
Insureds Details		Issuing Office Details					
Customer ID	:	PO96002184	Office Code		JALGAON (160700)		
Address	:	GAT NO 105,AT: KARANWADI, TAL: MAREGAON, DIST YAVATMAL MANEGAON ROAD ,MAHARASHTRA, 445303	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001		
Phone No	:		Phone No	:	02572236189 / 02572232179		
E-mail/Fax	:	ashfaquedosani@gmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	27AAMCA6361P1ZZ / NA	GSTIN	:	27AAACN4165C3ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

Policy Details					
Policy Number : 16070046210100000056 Business Source Code					
Period of Insurance	f Insurance : From: 23/03/2022 05:13:33 PM To: 22/06/2022 11:59:59 PM Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User : Jainuine Insurance Brokers Full (DA3388757) Jainuine Insurance Brokers Pvil (Sl00028623),				
Date of Proposal	:	23-Mar-22	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	STATE BANK OF INDIA SME BR YAVATMAL	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date		
7500	1350	8851	RUPEES EIGHT THOUSAND EIGHT HUNDRED FIFTY-ONE ONLY	1607008121000000568 5 - 23/03/22		
Location Details	on Details : AIFAZ COTTEX PVT LTD, GAT NO 105.AT: KARANWADI. TAI: MAREGAON, DIST YAVATMAI. 445303					

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	cotton F P Bales, Cotton	3000000		
	Seeds, & Cotton seed Oil Cake			

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

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

Office Ed	quipments			
SI. No.	OFFICE EQUIPMENT DETAILS Sum Insured			
1	NA	0		



Coins / Currency i	notes						
Sl. No.	coins/currency/curios deta				Sum Insured		
1	NA			0			
				•			
Description of oth	er item						
SI. No.	OTHE	R I	TEM DETAILS	Sum Insured			
1			NA	0			
Δdc	l on Covers			Sum I	 nsured (₹)		
Other Extension	. 011 001015				OPTED		
Theft Extension					OPTED		
Terrorism				NO	OPTED		
		1					
Special Condition	S	:	AIFAZ COTTEX PVT LTD, GAT NO 105,AT: KARANWADI, TAL:	MAREO	GAON, DIST YAVATMAL . 445303		
Excess : 1000					,		
This Policy shall s	ubject to BURGLARY	po	olicy clauses attached herewith.				
Premium and GST D	etails						
			Rate of Tax		Amount in INR		
Premium					₹ 7500.00		
SGST			9		675		
CGST			9		675		
IGST			0		0		
In witness whered set his (their) han on this 23rd day o	ıd(s)	eir	ng duly authorised by the Insurers a	nd on b	ehalf of the Insurers has (have) hereu	ınder	

For and on behalf of The New India Assurance Company Limited

Date of Issue: 23/03/2022

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: 16070021P0008317

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C