



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

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|-------------------------|---|-------------------------------|--|
| Insured's Name | : AASHIRWAD COTEX | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : PO93878622 | Office Code | : DO II AURANGABAD (160500) |
| Address | : S.NO. 20/2,20/3 AND 19/2, GADCHANDUR ROAD, ARVI, TQ: RAJURA. DISTT: CHANDRAPUR RAJURA MANIK GARH ,MAHARASHTRA, 442905 | Address | : LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003 |
| Phone No | : | Phone No | : 02402482688 / 02402480985 |
| E-mail/Fax | : pradip_chindaliya@yahoo.co.in, / | E-mail/Fax | : nia.160500@newindia.co.in / 02402486895 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27ABAF9973B1ZG / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

| | | | |
|----------------------------|--|---|---|
| Policy Details | | | |
| Policy Number | : 16050046210100000195 | Business Source Code | |
| Period of Insurance | : From: 24/12/2021 03:59:34 PM To: 23/12/2022 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator | : JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKER PVT LTD 151800 (SI00235684) |
| Date of Proposal | : 24-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 | |
| Sl. No. | Name of the Financiers |
| 1 | HDFC BANK LTD |

| | | | | |
|-------------------------|---------------|--|---|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 4998 | 900 | 5898 | RUPEES FIVE THOUSAND EIGHT HUNDRED NINETY-EIGHT ONLY | 1605008121000000574 1 - 24/12/21 |
| Location Details | | : GODOWN NO. 1, 2, 3, CHUNALA RLY. STATION ROAD, PO: BAMANWADA, TQ: RAJURA. DISTT: CHANDRAPUR | | |

| | |
|------------------------------|------|
| First Loss Percentage | : NA |
|------------------------------|------|

Details of assets covered under the Policy

| | | |
|------------------------|----------------------|--------------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | cotton FP Bales, | 10000000 |

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

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

| | | |
|--------------------------|---------------------------------|--------------------|
| Office Equipments | | |
| Sl. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|-------------------------------|--------------------------------------|--------------------|
| Coins / Currency notes | | |
| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |
| | | |

Policy No. : 16050046210100000195 Document generated by 36776 at 24/12/2021 16:47:45 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 | 0 |
|---|----|---|

| Description of other item | | |
|---------------------------|--------------------|-------------|
| Sl. No. | OTHER ITEM DETAILS | Sum Insured |
| 1 | NA | 0 |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| | | |
|--------------------|---|---|
| Special Conditions | : | LOCATION:-GODOWN NO. 1, 2, 3, CHUNALA RLY. STATION ROAD, PO: BAMANWADA, TQ: RAJURA. DISTT: CHANDRAPUR, PIN. 442905. |
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 4998.00 |
| SGST | 9 | 450 |
| CGST | 9 | 450 |
| 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 24th day of December,2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 24/12/2021

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 : 16050021P0011179

IRDA Registration Number: 190