



POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	: ANNAPURNA COTEX PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO84882588	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: SR NO.792/A/1 & 95/AA/2, ANKENPALLY VILLAGE, SADASIVPET MANDAL,DIST MEDAK Medak ,TELANGANA, 502291	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412329761
E-mail/Fax	: annapurnacotex@yahoo.co.in, kailash@jainuineinsurance.co.in /	E-mail/Fax	: nia.151800@newindia.co.in / 02412341439
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 36AAHCA0876A1Z0 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180048210300000032	Business Source Code	
Period of Insurance	: From: 12/11/2021 06:10:32 PM To: 11/11/2022 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	: 12-Nov-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
16000	2880	18880	RUPEES EIGHTEEN THOUSAND EIGHT HUNDRED EIGHTY ONLY	1518008121000000861 6 - 14/11/21

Location Details	: M/S. Annapurna cotex Pvt Ltd Sr No.792/1/1, At. Sadashivpeth, Town and Mandal, Dist. Medak.(A.P)
Money in safe (during and after business hours)	: 9800000
Money in Till	: 9800000

SECTION - 1				
Sl. 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.	9800000	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	9800000	0	0



3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa	9800000	0	0
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Limit over the Policy period (Estimated Annual Turnover)	:	200000000
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Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	500
2.	Details of employees handling Money	NO
3.	How is money carried	IN ANY TYPE OF BAGS, TRUNKS, S
4.	Mode of Transport	ANY VEHICLE PUBLIC O
5.	Details of armed guards or any other protection	No Security Guard
6.	Details of money kept outside business hours	Safe Consists of Wooden / Steel upboard
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	BY OWNER OR AUTHORIZED EMPLOYE
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 98,00,000/- (98 Lakhs) Section 1 B ₹ 98,00,000/- (98 Lakhs) Section 1 C ₹ 98,00,000/- (98 Lakhs) Section 2 ₹ 98,00,000/- (98 Lakhs)
Excess	:	1000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 16000.00
SGST	0	0
CGST	0	0
IGST	18	2880

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 14th day of November,2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 14/11/2021

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 : 15180021P0010486

IRDA Registration Number: 190