



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

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|-------------------------|--|-------------------------------|---|
| Insured's Name | : SUKHMANI COTTON INDUSTRIES | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : PO91087069 | Office Code | : RATLAM D.O. (451100) |
| Address | : PLOT NO. 45, C-3, TOWN CENTRE, CIDCO, N-1, AURANGABAD AURANGABAD ,MAHARASHTRA, 431001 | Address | : 115, STATION ROAD, ,457001 |
| Phone No | : | Phone No | : 07412409402 / 07412409403 |
| E-mail/Fax | : sukhmanicotton@gmail.com, / | E-mail/Fax | : nia.451100@newindia.co.in / 07412230578 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27ABTFS5185Q1ZW / NA | GSTIN | : 23AAACN4165C1ZZ |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|--|---|---|
| Policy Details | | | |
| Policy Number | : 45110046220100000005 | Business Source Code | |
| Period of Insurance | : From: 30/04/2022 12:00:01 AM To: 29/06/2022 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User | : Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623), |
| Date of Proposal | : 30-Apr-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 | |
| Sl. No. | Name of the Financiers |
| 1 | BANK OF BARODA BR INDORE |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|-------------------------|--------|--|---|-------------------------------------|
| 6562 | 1181 | 7744 | RUPEES SEVEN THOUSAND SEVEN HUNDRED FORTY-FOUR ONLY | 4511008122000000093 3 - 28/04/22 |
| Location Details | | : MAHAVIR AGRO INDUSTRIES, PLOT NO. A-10,11,13 TO 16, MIDC, AUNDHA ROAD,JINTUR, DIST. PARBHANI | | |

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

Details of assets covered under the Policy

| Stocks in Trade | | |
|------------------------|---|-------------|
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | ON STOCKS OF COTTON F.P. BALES, COTTON SEED, OIL CAKE IN GUNNY BAGS LYING IN GODOWN | 35000000 |

| 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 |

Policy No. : 45110046220100000005 Document generated by 21128 at 28/04/2022 15:15:11 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>.



| Coins / Currency notes | | |
|------------------------|-------------------------------|-------------|
| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |
| 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 | : | NM |
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 6562.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 1181 |

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 28th day of April,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 28/04/2022

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 : 45110022P0000820

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| <p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p> |
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