



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

|                         |  |                               |  |
|-------------------------|--|-------------------------------|--|
| Insured's Name          | : MAROTI FIBERS  |                               |  |
| <b>Insureds Details</b> |  | <b>Issuing Office Details</b> |  |
| Customer ID             | : PO95133758   | Office Code                   | : JALGAON (160700)   |
| Address                 | : GUT NO. 218 & 219, AT POST PALSOD, CHOHATTA BAZAR, TAL. AKOT, DIST. AKOLA<br>AKOT, MAHARASHTRA, 444101 | Address                       | : MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH, 425001 |
| Phone No                | :  | Phone No                      | : 02572236189 / 02572232179                                    |
| E-mail/Fax              | : marotifibers@gmail.com, /  | E-mail/Fax                    | : nia.160700@newindia.co.in / 2572236189                       |
| PAN No                  | :  | S.Tax Regn. No                | : AAACN4165CST178  |
| GSTIN/UIN               | : 27ABQFM8881Q1ZW / NA   | GSTIN                         | : 27AAACN4165C3ZP  |
|                         | :  | SAC                           | : 997139 (Other non-life insurance services excl RI)           |

|                       |   |  |   |
|-----------------------|---|--|---|
| <b>Policy Details</b> |   |  |   |
| Policy Number         | : 16070046210100000057                                    | Business Source Code                                       |   |
| Period of Insurance   | : From: 24/03/2022 06:52:28 PM To: 23/06/2022 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User | : Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623), |
| Date of Proposal      | : 24-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, / /  |

|                             |   |
|-----------------------------|---|
| <b>Financier(s) Details</b> |   |
| Sl. No.                     | Name of the Financiers                                    |
| 1                           | THE SHEGAON SHRI AGRASEN COOP CREDIT SOCIETY BR KHAMGAON% |

| Premium(₹)       | GST(₹) | Total(₹)  | Total (₹ in words)                              | Receipt No. & Date                  |
|------------------|--------|---|---|-------------------------------------|
| 2500             | 450    | 2951  | RUPEES TWO THOUSAND NINE HUNDRED FIFTY-ONE ONLY | 1607008121000000571<br>1 - 24/03/22 |
| Location Details |        | : Sau. Savita Anand Agrawal Survey No. 11, Mouze Jogban, Plot no. 2, Bihand Shyam Weigh Bridge, |   |                                     |

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

Details of assets covered under the Policy

| <b>Stocks in Trade</b> |                              |             |
|------------------------|------------------------------|-------------|
| Sl. No.                | STOCK DETAILS                | Sum Insured |
| 1                      | On stock of cotton F P Bales | 10000000    |

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

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

| <b>Office Equipments</b> |                          |             |
|--------------------------|--------------------------|-------------|
| Sl. No.                  | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1                        | NA                       | 0           |

|                               |  |  |
|-------------------------------|--|--|
| <b>Coins / Currency notes</b> |  |  |
|-------------------------------|--|--|

Policy No. : 16070046210100000057 Document generated by 23815 at 24/03/2022 17:19:00 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>.



| 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 | : | Sau. Savita Anand Agrawal Survey No. 11, Mouze Jogban, Plot no. 2, Bihand Shyam Weigh Bridge, Hiwarkhed Road, Akot, Ta. Akot, Dist. Akola - 444101 |
| Excess             | : | 1000   |

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 2500.00     |
| SGST    | 9           | 225           |
| CGST    | 9           | 225           |
| 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 March, 2022.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 24/03/2022

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 : 16070021P0008359

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C