



## POLICY SCHEDULE FOR BURGLARY (Floater) INSURANCE

Insured's Name	:	BRANDS NETWORK			
Insureds Details			Issuing Office Details		
<b>Customer ID</b> : PO93129278		PO93129278	Office Code		DO II AURANGABAD (160500)
Address		P -5, P- 6, P- 7 4TH FLOOR AM PLAZA, BRANDS NETWORK, HAL AIRPORT ROAD, NEXT TO RAJESHWARI THEATRE BANGALORE BANGALORE, KARNATAKA, 560017	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	:		Phone No	:	02402482688 / 02402480985
E-mail/Fax	:	adityamalpani@brandsnetwork.in, Praveen@brandsnetwork.in /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	29AAMFB9092R1ZA / NA	GSTIN	T:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number : 16050046210100000169					
Period of Insurance		From: 21/11/2021 12:00:01 AM To: 20/11/2022 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	:	21-Nov-21	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	T:	Non-Corporate	E-mail/Fax	T:	kailash@jainuineinsurance.co.in, //

Prer	Premium(₹) GST(₹)		Total(₹)	Total (₹ in words)	Receipt No. & Date	
5000 900		5900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	1605008121000000486 7 - 23/11/21		
Limit per Location : 10000000						
SI. No.	c. Location & Address					
1	Brands Network					
	P -5, 4th Floor Am Plaza, Brands Network, Hal Airport Road, Next to Rajeshwari Theatre, Bangalore - 560017					
2	P- 6, 4th Floor Am Plaza, Brands Network, Hal Airport Road, Next to Rajeshwari Theatre, Bangalore - 560017					
3	P- 7, 4th Floor Am Plaza, Brands Network, Hal Airport Road, Next to Rajeshwari Theatre, Bangalore - 560017					

First Loss Percentage : NA

**Details of assets covered under the Policy** 

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	On Stock of ALL TYPE OF BELTS, BUCKLES, WALLETS, CARD HOLDER, PURSES, SOCKS, HANDKERCHIEFS, and ALL TYPE OF PACKAGING MATERIALS stored or lying at the above address	10000000			

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 Equipmer	าเร
-----------------	-----

## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



SI. No.	OFFICE EQ	UIPMENT DETA	Sum Insured						
1		NA		0					
	Coins / Currency notes								
SI. No.	COINS/CURRE	NCY/CURIOS D	ETAILS		Sum Insured				
1		NA			0				
Descripti	ion of other item								
SI. No.		ITEM DETAILS		Sum Insured					
1		NA			0				
				<u>'</u>					
	Add on Covers			Sum Insured (₹)	<u> </u>				
Other Ex	tension			NOT OPTED					
Theft Ext	tension			NOT OPTED					
Terrorisn	n		NOT OPTED						
Special C	Conditions	: AS PER POL	AS PER POLICY						
Excess		: 0							
This Polic	cy shall subject to BURGLARY	policy clauses a	attached herewith.						
Premium a	and GST Details								
			Rate of Tax	Amount in I	INR				
Premium				₹ 5000.00					
SGST			0	0					
CGST			0	0					
IGST			18	900					
In witnes set his (t	ss whereof the undersigned be heir) hand(s)	eing duly autho	rised by the Insurers a	nd on behalf of th	ne Insurers has (have) hereunder				
on this 2	3rd day of November,2021.								
				F	or and on behalf of				
				The New Indi	a Assurance Company Limited				
					. ,				
Data of L	ccup, 22/11/2021								

Date of Issue: 23/11/2021

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: 16050021P0009463

IRDA Registration Number: 190