



**POLICY SCHEDULE FOR SHOPKEEPERS INSURANCE**

<b>Insured's Name</b>	: SANJAY MOTORS PROP. JAGDISH MAHENDRALAL KHURANA		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO75073223	<b>Office Code</b>	: DO II AURANGABAD (160500)
<b>Address</b>	: JALNA ROAD, OPP. KHWAJA COMPLEX, BEED. 431122  BHIR ,MAHARASHTRA, 431122	<b>Address</b>	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD  ,431003 BHIR
<b>Phone No</b>	: XXXXXX4118	<b>Phone No</b>	: 02402482688 / 02402480985
<b>E-mail/Fax</b>	: sanjay.beed@gmail.com, /	<b>E-mail/Fax</b>	: nia.160500@newindia.co.in / 02402486895
<b>PAN No</b>	: ANJPK9525G	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27ANJPK9525G1ZP / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 16050048210600000287	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 12/11/2021 04:30:21 PM To: 11/11/2022 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/IMF/Web Aggregator</b>	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
<b>Date of Proposal</b>	: 12-Nov-21	<b>Agent/Bancassurance/S pecified Person</b>	
<b>Prev. Policy no.</b>		<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

<b>Premium(₹)</b>	<b>GST(₹)</b>	<b>Total (₹)</b>	<b>Total (₹ in words)</b>	<b>Receipt No. &amp; Date</b>
18820	3388	22208	RUPEES TWENTY-TWO THOUSAND TWO HUNDRED EIGHT ONLY	1000008921110026174 3 - 12/11/21
<b>Shop Address</b>		Sanjay Motors Prop. Jagdish Mahendralal Khurana Jalna Road, Opp. Khwaja Complex, Beed. 431122		
<b>Nature of Business trade</b>		AUTOMOBILE		

<b>Section wise Premium Details:</b>				
Section	Decription Cover	Sum Insured	Premium(₹)	Excess
1A	Fire and allied perils-Building of Class A construction only	NOT OPTED	NOT OPTED	5 % of Claim Amount subject to a minimum of ₹ 10000
1B	Fire and allied perils-Contents Excluding Money and valuables	11000000	9900	5 % of Claim Amount subject to a minimum of ₹ 10000
2	Burglary and House breaking	11000000	9900	NIL
3A	Section 3A(Money in transit)	100000	900	NIL
3B	Section 3B(Money in till or counter during business hours	100000	900	NIL
3C	Money in locked safe in office outside business hours	100000	900	NIL
4	Pedal Cycle	NOT OPTED	NOT OPTED	NIL
5	Plate Glass	NOT OPTED	NOT OPTED	1% of Claim Amount.

Policy No. : 16050048210600000287 Document generated by QR\_RENEWAL at 12/11/2021 16:30:23 Hours.  
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.  
Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

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>.



6	Neon and Glow sign	2000	20	NIL
7	Baggage Insurance	2000	12	NIL
8	Personal Accident	200000	300	NIL
9	Fidelity Guarantee	NOT OPTED	NOT OPTED	NIL
10A	Public Liability Insurance	50000	17.5	NIL
10B	Workmens Compensation	NOT OPTED	NOT OPTED	NIL
11	Electronic Equipment Insurance	NOT OPTED	NOT OPTED	The first 5% of Claim Amount subject to minimum of ₹2500 in respect of each and every loss.
12	Business Interruption	NOT OPTED	NOT OPTED	7 Days of Gross Profit.

**Details under: Sec1B Fire and allied perils-Contents- Excluding Money and valuables**

SI No:	Item	Description	Sum Insured
1	Stock in Trade including Goods Held in Trust	On Stock of All types of Automobile Goods Such others goods pertaining to insured trade	10000000
2	Furniture,Fixtures and Fittings	Shop Furniture, FITTING & FIXTURE	1000000

**Details under: Sec2 Burglary and Housebreaking**

SI No:	Item	Description	Sum Insured
1	1 Furniture,Fixtures and Fittings	Shop Furniture, FITTING & FIXTURE	1000000
2	2 Stock in Trade including Goods Held in Trust	On Stock of All types of Automobile Goods Such others goods pertaining to insured trade	10000000

**Details under: Sec3 (Money Insurance) Cash in transit**

SI No:	Item	Description	Sum Insured
1	Section 3A	Money in Transit	100000
2	Section 3B	Money in till or counter during business hours)	100000
3	Section 3C	Money in locked safe in office outside business hours	100000

**Details under: Sec6 Neon Sign**

SI No	Make and Name of Manufacturer Details1 for Neon and Glow sign	Year of Manufacture for Neon and Glow sign	Sum Insured
1	nm	2015	2000

**Details under: Sec7 Baggage Insurance**

SI No	Baggage in connection with trade	Personal effects of the insured /partners/Authorized employee	Sum Insured
1	2000	0	Sum Insured

**Details under -Sec 08 Personal Accident(Individual or named)**

SI No	Named of the Insured Person	Date of Birth	Occupation	Nominee's Name	Relationship with nominee	Table	Sum Insured for Personal Accident(₹)	CB	Medical extension	Special Conditions
1	JAGDISH MAHENDRALA L KHURANA	03/05/1962	Business	MRS. MEENA KHURANA	SPOUSE	200000	200000	0	No	as per policy

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Table Wise CB Details				
Table Name	Event Date	Applicable Sum Insured	CB Percentage	CB Amount
<b>Details under: Sec10A Public Liability</b>				
				Amount
Limit of Liability				50000
<b>Addon Covers</b>				<b>Sum Insured (₹)</b>
<b>Special Conditions</b>	:	AS PER POLICY		
<b>Excess</b>	:	0		

The Policy shall be subject to SHOPKEEPERS INSURANCE policy clauses attached herewith.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 18820.00
SGST	9	1694
CGST	9	1694
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 12th day of November, 2021.

For and on behalf of  
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Date of Issue: 12/11/2021

(Mr. SANDESH KAMLAKAR)  
[SR. DIV. MANAGER]

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.

Tax Invoice No : 16050021P0008906

IRDA Registration Number: 190