

## MONEY INSURANCE POLICY SCHEDULE

**Policy No.** : 151400/48/2022/4144 **Prev.Policy No.** : 151400/48/2021/7895  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Name** : 64172993 - R C PATEL INSTITUTE OF TECHNOLOGY (GSTIN: 0) **Issuing Office** : 151400 - DO 4 INDORE (GSTIN: 23AAACT0627R4Z4)  
**Address** : NIMZARI NAKA, SHIRPUR **Address** : "Kanchan Sagar"  
DISTT-DHULE 18/1,Old Palasia,A.B.Road  
DHULE MAHARASHTRA 424001 INDORE  
INDORE MADHYA PRADESH 452003  
**Tel. /Fax /Email** : 0 / / 0 / slibindore@gmail.com **Tel. /Fax /Email** : 0731-2534550 / 0731-4067574 /  
Iskanoj@orientalinsurance.co.in;151400@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** :  
**Agent/Broker** : LC000000281 JAINUINE INSURANCE BROKERS PVT LTD  
**Address** : F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001  
**Tel/Fax/Email** : 02572225747/

**Period of Insurance** : FROM 00:00 ON 17/11/2021 TO MIDNIGHT OF 16/11/2022  
**Collection No. & Dt.** : DC\_IND 3100009979 - 16/11/2021 **GST INVOICE NO** :2320265116 **UIN** :0  
**Gross Premium** : 3,625 **GST** : 653 **Stamp Duty** : .5 **Total** : 4,278  
**Co-insurance Details** : NIL

### RISK DETAILS

Section	Description of Cash covered	Limit of any one Loss
I A	Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insured's premises from the time the cash is received at the bank by the Insured or the authorised 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 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	2,50,000
I B	Money other than described in 'A' above in the personal custody of the Insured or the authorised employee/s of the Insured whilst in direct transit between the premises and the bank or post office	2,50,000
I C	Money other than described in 'A' or 'B' above collected by and in the personal custody of the Insured or the authorised employee/s of the Insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection.	2,50,000
I D	Any other Transit -	25,00,000
I	Estimated total amount of money in transit per annum	10,00,000
II	Cash (other than described in Section I A above) whilst on the premises during the business hours or whilst secured in locked safe or locked strong room on the Insured's premises out of business hours against the risk of burglary, housebreaking and hold-up	5,00,000

**Place** : INDORE  
**Date** : 16/11/2021



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll  
Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

Page 1 of 2

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Total Premium in words : Indian Rupees Four Thousand Two Hundred Seventy-Eight Only

Excess : NIL

The Insurance under this policy is subject to Warranties & Clauses otherwise stated herein:

- 1 cash eill be carried from Institute to Bank and vice versa within radius of 25 KMs by any authorised person by any private / public vehicle.
- 2 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing offices as well as Company's website.
- 3 In View of the additional premium having been paid the policy exclusion No.5 hereby stands deleted

Hypothecation /Lease//Hire Names are as per the List Attached:

SI No	Bank Name/Financier	Bank Branch and Address
1	INDIAN OVERSEAS BANK	MALAD, MUMBAI

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO 4 INDORE (GSTIN: 23AAACT0627R4Z4) on 16TH DAY OF NOVEMBER 2021

Entered By : SANJAY RAGHUWANSHI

Examined By : RAJENDRA TAYADE

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 15-JUN-22 12:54:17

MAC :

Authorised Signatory

Place : INDORE

Date : 16/11/2021



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Page 2 of 2

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