



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	: LAXMI COTSPIN LTD			
Insureds Details			Issuing Office Details		
Customer ID	:	PO93163640	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION) JALNA ,MAHARASHTRA, 431203	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No	:	02402333572 / 02402333361
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details							
Policy Number	:	16040046210100000201	Business Source Code	Business Source Code			
Period of Insurance	:	From: 07/02/2022 05:31:57 PM To: 06/04/2022 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) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)		
Date of Proposal	:	07-Feb-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					
SI. No.		Name of the Financiers			
1		HDFC BANK LTD			
Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
7500	1350	8851	RUPEES EIGHT THOUSAND EIGHT HUNDRED FIFTY-ONE ONLY	1604008121000001222 3 - 08/02/22	
Location Details		AXMI COTSPIN LTD, AREHOUSE GODOWN	1,2 &3 AT SAMANGAON KAJLA PHATA	A, JALNA AMBAD ROAD,	

First Loss Percentage

: NA Details of assets covered under the Policy

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	Cotton F.P Bales	4000000		

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

Policy No. : 16040046210100000201Document generated by 37650 at 08/02/2022 11:09:36 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.



Office Equipme	ents		
SI. No.	OFFICE EQUIPM	IENT DETAILS	Sum Insured
1	NA	4	0
Coins / Currend	cy notes		
SI. No.	COINS/CURRENCY	CURIOS DETAILS	Sum Insured
1	NA	1	0
Description of	other item		
SI. No.	OTHER ITER	A DETAILS	Sum Insured
1	NA	4	0
	Add on Covers		Sum Insured (₹)
Other Extension			NOT OPTED
Theft Extension	n	NOT OPTED	
Terrorism		NOT OPTED	
. W		LAXMI COTSPIN LTD, VAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD, IPP MEENATAI THAKARE VRIDHASHRAM JALNA 431203	
Excess	. 1	.000	

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 7500.00
SGST	9	675
CGST	9	675
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 08th day of February,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 08/02/2022

Duly Constituted Attorney(s)

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receiptnumber_____dt.____. Stamp Duty under the Policy is ₹1/-.

Tax Invoice No : 16040021P0018466

IRDA Registration Number: 190

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