



POLICY SCHEDULE FOR MONEY INSURANCE

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|--------------------------|--|-------------------------------|--|
| Insured's Name | : LAXMINARAYAN FIBER PVT LTD | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO93653702 | Office Code | : AURANGABAD DO-160400 (160400) |
| Address | : GUT NO.275 & 276, HELESWADI, AT MANTHA DIST JALNA MANTHA ,MAHARASHTRA, 431504 | Address | : AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | Phone No | : 02402333572 / 02402333361 |
| E-mail/Fax | : laxminarayanfiber@gmail.com, / | E-mail/Fax | : nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIIN | : 27AACCL2664G1ZJ / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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| Policy Details | | | |
| Policy Number | : 16040048210300000038 | Business Source Code | |
| Period of Insurance | : From: 20/12/2021 05:29:49 PM To: 19/12/2022 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 | : 20-Dec-21 | Agent/Bancassurance/S pecified Person | : |
| Prev. Policy no. | : | Phone No | : 02402350377, 9850049400 / NA |
| Client Type | : Non-Corporate | E-mail/Fax | : kailash@jainuineinsurance.co.in, / / |

| | | | | |
|-------------------|---------------|-----------------|---|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 20000 | 3600 | 23600 | RUPEES TWENTY-THREE THOUSAND SIX HUNDRED ONLY | 1604008121000000968 4 - 20/12/21 |

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|--|---|
| Location Details | : Gut No.275 & 276, Heleswadi, At Mantha Dist Jalna |
| Money in safe (during and after business hours) | : 10000000 |
| Money in Till | : 10000000 |

| SECTION - 1 | | | | |
|--------------------|--|--|---|--|
| Sl. No. | Sub Sections | Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts | Single Carrying Limits for - Foreign Currency | Single Carrying Limits for - Any other (Specify) |
| 1. | Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized 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 locked 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. | 10000000 | 0 | 0 |
| 2. | Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa | 10000000 | 0 | 0 |

Policy No. : 16040048210300000038 Document generated by 38661 at 20/12/2021 17:43:07 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>.



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|----|---|----------|---|---|
| 3. | Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa | 10000000 | 0 | 0 |
|----|---|----------|---|---|

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| Limit over the Policy period (Estimated Annual Turnover) | : | 250000000 |
|--|---|-----------|

| Optional Covers | Sum Insured (₹) |
|-----------------|-----------------|
| SRCC Cover | NOT OPTED |
| Terrorism | NOT OPTED |

| Risk Details | | |
|--------------|--|--|
| 1. | Maximum distance over which money will be conveyed | 500 |
| 2. | Details of employees handling Money | By owner or authorized employee |
| 3. | How is money carried | BAGS, TRUNKS, SUITCASE WITH |
| 4. | Mode of Transport | PUBLIC OR PRIVATE OR |
| 5. | Details of armed guards or any other protection | No Security Guard |
| 6. | Details of money kept outside business hours | Safe Consists of Wooden / Steel upboard. |
| 7. | Is the safe where money is kept, fixed to the walls or floor | No |
| 8. | By whom are the keys held | NA |
| 9. | Are all the keys removed outside business hours | No |

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| Special Conditions | : | Section A ₹ 100,00,000/- (100 Lakhs) Section B ₹ 100,00,000/- (100 Lakhs) Section C ₹ 100,00,000/- (100 Lakhs) Section ₹ 100,00,000/- (100 Lakhs) |
| Excess | : | 1000 |

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 20000.00 |
| SGST | 9 | 1800 |
| CGST | 9 | 1800 |
| 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 20th day of December,2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 20/12/2021

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 : 16040021P0014890

IRDA Registration Number: 190