



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	: KALPATARU COTTEX .		
Insureds Details		Issuing Office Details	
Customer ID	: PO96903269	Office Code	: BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	: GUT NO.265/4, SONE SANGHAVI SHIVAR, A/P CHAPADGAON, TQ SHEVGAON, DIST AHMEDNAGAR SHEVGAON ,MAHARASHTRA, 414502	Address	: THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Phone No	: XXXXXX3333	Phone No	: 02402485446 / 02402484415
E-mail/Fax	: kiran@bhandariindustries.com, /	E-mail/Fax	: nia.160401@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AKIPB6643A1ZK / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040146220100000063	Business Source Code	
Period of Insurance	: From: 19/07/2022 04:41:04 PM To: 18/10/2022 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),
Date of Proposal	: 19-Jul-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	
Sl. No.	Name of the Financiers
1	STATE BANK OF INDIA BR CHIKALTHANA

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
4620	832	5453	RUPEES FIVE THOUSAND FOUR HUNDRED FIFTY-THREE ONLY	1000008922070046522 9 - 19/07/22

Location Details	: Kalpataru Cottex, Gut No.265/4,Sone Sanghavi shivar, A/P Chapadgaon, Tq Shevgaon,Ahmednagar-414502
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First Loss Percentage	: NA
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Details of assets covered under the Policy

Stocks in Trade		
Sl. No.	STOCK DETAILS	Sum Insured
1	Cotton F.P Bales,Seeds, Cake, etc	23100000

Goods held in Trust / Commision		
Sl. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0

Furniture / Fixture / Fittings		
Sl. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	NA	0

Office Equipments		
Sl. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

Policy No. : 16040146220100000063 Document generated by QR_RENEWAL at 19/07/2022 16:41:06 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>.



Coins / Currency notes		
Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured
1	NA	0

Description of other item		
Sl. No.	OTHER ITEM DETAILS	Sum Insured
1	NA	0

Add on Covers	Sum Insured (₹)
Other Extension	NOT OPTED
Theft Extension	NOT OPTED
Terrorism	NOT OPTED

Special Conditions	:	Kalpataru Cottex, Gut No.265/4, Sone Sanghavi shivar, A/P Chapadgaon, Tq Shevgaon, Dist Ahmednagar-414502
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4620.00
SGST	9	416
CGST	9	416
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 19th day of July,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 19/07/2022

(MR. MANISH SAKHARAM ZADODE)
[BRANCH MANAGER]

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 : 16040122P0001460



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C