



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SHREE GANESH ENTERPRISES			
		nsureds Details		lss	uing Office Details
Customer ID	:	PO94548072	Office Code	:	DO II AURANGABAD (160500)
Address	:	PROP VIPIN AGRAWAL, DEURWADA ROAD, ARVI (M.S) 442201 ARVI (WARDHA) ,MAHARASHTRA.	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD .431003
Dhara Na		442201	Discus No.		
Phone No			Phone No	:	02402482688 / 02402480985
E-mail/Fax	:	pa16636@gmail.com, /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAXPA7580J1Z2 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

		Policy	Details		
Policy Number	:	16050046210100000228	Business Source Code		
Period of Insurance	:	From: 20/01/2022 10:00:00 AM To: 19/04/2022 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)
Date of Proposal	:	20-Jan-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	ICICI BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
10000	1800	11801	RUPEES ELEVEN THOUSAND EIGHT HUNDRED ONE ONLY	1605008121000000655 6 - 21/01/22
Location Details	: 5	Shri Ambika Warehous	se,	
	Ta	alegaon Road, Arvi, Di	st Wardha (M.S) -442201	

First Loss Percentage

Details of assets covered under the Policy

: NA

Stocks in	Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	Stock of Bales in Godown:-	4000000
	On stock of cotton F P Bales whilst	
	stored &/or lying in silent factory Godown / & or Warehouse.	

Goods he	eld in Trust / Commision	
SI. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0
Furniture	e / Fixture / Fittings	

SI. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	NA	0

Office Equipments

Policy No. : 16050046210100000228Document generated by 37671 at 21/01/2022 14:50:14 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.



SI. No.	OFFICE EQUIP	MENT DETAILS	Sum Insured
1	N	A	0
Coine / Cu	irrency notes		
SI. No.	COINS/CURRENCY		Sum Insured
1	N N		0
	on of other item		
Sl. No.	OTHER ITE		Sum Insured
1	N	A	0
	Add on Covers		Sum Insured (₹)
Other Ext	ension		NOT OPTED
Theft Exte			NOT OPTED
Ferrorism			NOT OPTED
Special Co	onditions	AS PER POLICY	
Excess		0	
This Policy	y shall subject to BURGLARY poli	cy clauses attached herewith.	
Premium a	nd GST Details		
		Rate of Tax	Amount in INR
Premium		-	₹10000.00
SGST		9	900
		0	000
<b>GST</b> n witness set his (th	s whereof the undersigned being leir) hand(s) .st day of January,2022.	9 0 duly authorised by the Insurers ar	900 0 nd on behalf of the Insurers has (have) hereunde
set his (th	ieir) hand(s)	0	0
<b>IGST</b> In witness set his (th	ieir) hand(s)	0	0
<b>IGST</b> In witness set his (th	ieir) hand(s)	0	0 nd on behalf of the Insurers has (have) hereunde
<b>GST</b> n witness set his (th on this 21	ieir) hand(s) st day of January,2022.	0	0 nd on behalf of the Insurers has (have) hereunde For and on behalf of
<b>GST</b> n witness set his (th on this 21	ieir) hand(s)	0	0 nd on behalf of the Insurers has (have) hereunde For and on behalf of
IG <b>ST</b> In witness set his (th on this 21	ieir) hand(s) st day of January,2022.	0	0 nd on behalf of the Insurers has (have) hereunde For and on behalf of The New India Assurance Company Limited
IG <b>ST</b> In witness set his (th on this 21	ieir) hand(s) st day of January,2022.	0	0 nd on behalf of the Insurers has (have) hereunde For and on behalf of
IG <b>ST</b> In witness set his (th on this 21 Date of Is	ieir) hand(s) ist day of January,2022. sue: 21/01/2022	0 duly authorised by the Insurers ar	0 nd on behalf of the Insurers has (have) hereunde For and on behalf of The New India Assurance Company Limited Duly Constituted Attorney(s)
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