



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	DEV TRADERS .			
Insureds Details			Issuing Office Details		
Customer ID	:	PO94766969	Office Code	:	DO II AURANGABAD (160500)
Address	:	JATASHANKARI CHOWK,ANJAD ANJAOI ,MADHYA PRADESH	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD
		ANJAOI ,MADHYA PRADESH, 451556			,431003
Phone No	:		Phone No	:	02402482688 / 02402480985
E-mail/Fax	:	ashishpatidar.504@gmail.com, /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AWUPP1530E1ZM / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

		Pol	icy Details		
Policy Number	:	16050046210100000240	Business Source Code		
Period of Insurance	:	From: 31/01/2022 06:38:39 PM To: 29/04/2022 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	:	31-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	AXIS BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
4999	900	5900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	160500812100000679 5 - 31/01/22
Location Details		GODOWN NO.1& 2,MA JMP,ANJAD BARWANI	RUTI WAREHOUSING CORPORATION, ROAD,BARWANI	IN FRONT OF INDIAN OIL

: NA

First Loss Percentage

	Details of assets covered under the	Policy
Stocks in Trade		
SI. No.	STOCK DETAILS	Sum Insured
1	Cotton F.P Bales	2000000
Goods held in T	rust / Commision	
SI. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0
Furniture / Fixtu	ıre / Fittings	
SI. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	NA	0

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SI. No.	OFFICE	EQUIP	MENT DETAILS		S	um Insured
1		N				0
Coinc / C						
Sl. No.			//CURIOS DETAILS		c	um Insured
1	COINS/COI		A		3	0
1		IN	~			0
Descript	ion of other item					
SI. No.	OTł	HER ITE	M DETAILS		S	um Insured
1		N	Α			0
	Add on Covers			Sum	Insured (₹)	
Other Ex	tension				DT OPTED	
Theft Ex	tension				OT OPTED	
Terrorisr	n				OT OPTED	
	o					
	Conditions		Cotton F.P Bales			
Excess			1000 cy clauses attached herewith.			
I NIS POII	cy shall subject to BURGLA	кт рон	cy clauses attached herewith.			
·····						
remium	and GST Details		Rate of T	av	Amount in INR	
Premium			Rate of 1	u.	₹ 4999.00	
SGST			0		0	
CGST			0		0	
			0		0	
In witnes set his (t	their) hand(s)	d being	18 duly authorised by the Insure	rs and on	900	surers has (have) hereunde
set his (t	ss whereof the undersigned their) hand(s) 81st day of January,2022.	d being	18	rs and on	900	isurers has (have) hereunde
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