



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | SUKHMANI COTTON INDUSTRIES | | | |
|------------------|---|--|----------------|---|--|
| Insureds Details | | Issuing Office Details | | | |
| Customer ID | : | PO91087069 | Office Code | | AURANGABAD DO-160400 (160400) |
| Address | : | PLOT NO. 45, C-3, TOWN CENTRE, CIDCO, N-1, AURANGABAD AURANGABAD ,MAHARASHTRA, 431001 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 |
| E-mail/Fax | : | sukhmanicotton@gmail.com, / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ABTFS5185Q1ZW / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---|---|---|---|---|---|
| Policy Number : 16040046220100000090 Business Source Code | | | | | |
| Period of Insurance | : | From: 30/07/2022 12:00:01 AM To: 29/08/2022 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 | : | 30-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 | | |
|----------------------|--------------------------------|--|
| SI. No. | SI. No. Name of the Financiers | |
| 1 | BANK OF BARODA BR INDORE | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--|----------|--|-------------------------------------|
| 1562 | 282 | 1845 | RUPEES ONE THOUSAND EIGHT HUNDRED FORTY-FIVE ONLY | 1604008122000000414 5 - 28/07/22 |
| Location Details | : MAHAVIR AGRO INDUSTRIES, PLOT NO. A-10,11,13 TO 16, MIDC, AUNDHA ROAD,JINTUR, DIST. PARBHANI | | | |

: NA First Loss Percentage

Details of assets covered under the Policy

| Stocks in | Stocks in Trade | | | |
|-----------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | ON STOCKS OF COTTON F.P. BALES, COTTON SEED, OIL CAKE IN GUNNY BAGS LYING IN GODOWN | 12500000 | | |

| Goods h | Goods held in Trust / Commision | | | | |
|---------|---------------------------------|-------------|--|--|--|
| SI. No. | GOODS HELD DETAILS | Sum Insured | | | |
| 1 | NA | 0 | | | |

| Furn | Furniture / Fixture / Fittings | | | | |
|-------|--------------------------------|------------------------------------|-------------|--|--|
| SI. I | No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured | | |
| 1 | | NA | 0 | | |

| Office Ed | Office Equipments | | | |
|-----------|--------------------------|-------------|--|--|
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



| Coins / C | Coins / Currency notes | | | | |
|-----------|---|---|--|--|--|
| SI. No. | COINS/CURRENCY/CURIOS DETAILS Sum Insured | | | | |
| 1 | NA | 0 | | | |

| Descript | Description of other item | | | | |
|----------|--------------------------------|---|--|--|--|
| SI. 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 | : | IN THE GODOWN OF MAHAVIR AGRO INDUSTRIES, PLOT NO. A-10,11,13 TO 16, MIDC, AUNDHA ROAD,JINTUR, DIST. PARBHANI - 431509. |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 1562.00 |
| SGST | 9 | 141 |
| CGST | 9 | 141 |
| 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 28th day of July,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/07/2022

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: 16040022P0005927

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C