



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | ROXY FABRICS | · | | |
|----------------|---|---|----------------|-----|--|
| | | Insureds Details | | lss | uing Office Details |
| Customer ID | : | PO60876515 | Office Code | : | AURANGABAD DO-160400 (160400) |
| Address | : | SHOP) 184 NEW CLOTH MARKET SARANGPUR AHMADABAD 380001 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| | | AHMEDABAD ,GUJARAT, 380001 | | | |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 |
| E-mail/Fax | : | naser@kailashjain.in, / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 24AAVFR6656C1ZU / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|----|---|---|---|---|
| Policy Number | : | 16040046220100000061 | Business Source Code | | |
| Period of Insurance | : | From: 24/06/2022 12:00:01 AM To: 23/06/2023 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 | : | 24-Jun-22 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | T: | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // |

| Financier(s) Details | |
|----------------------|------------------------|
| SI. No. | Name of the Financiers |
| 1 | PUNJAB NATIONAL BANK |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--------|--|--|-------------------------------------|
| 499 | 90 | 589 | RUPEES FIVE HUNDRED EIGHTY- NINE ONLY | 1604008122000000263 6 - 24/06/22 |
| Location Details | : 1 | 184 new cloth market sarangpur Ahmadabad | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | all kind of cloths and any raw material | 2500000 | | |

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

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

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

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

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



| 1 | | NA | | | | 0 | |
|-----------------------|--|---------------------|---|-----------------------------------|---------------------|--|-----------|
| Descrint | tion of other item | | | | | | |
| SI. No. | | ITEM | M DETAILS | | | Sum Insured | |
| 1 | | NA | | | | 0 | _ |
| | | | | | | | _ |
| Other F | Add on Covers xtension | | | | | sured (₹) OPTED | |
| | ktension | | | | | OPTED | _ |
| Terroris | | | | | | OPTED | |
| | | | | | | - | _ |
| Special | Conditions | : Oi any trac | n stock of all kind o / kind of material w der) finish goods | of clothes and which is relate | any raw ed to Ro | wmaterial,stitch ,unstinting garments ar xy impex (trading of , wholesale and re | d :ail |
| Excess | | | 000 | | | | |
| This Pol | icy shall subject to BURGLARY | oolicy | clauses attached | herewith. | | | |
| | | | | | | | |
| Premium | and GST Details | | | | | | |
| | | | | Rate of Tax | | mount in INR | |
| Premium | | | | | | 499.00 | |
| SGST CGST | | | | 0 | 0 | | |
| IGST | | | | 18 | 9 | | |
| In witne set his (| ss whereof the undersigned be their) hand(s) | ing d | uly authorised by t | he Insurers a | nd on be | chalf of the Insurers has (have) hereund | ∍r |
| on this 2 | 24th day of June,2022. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | For and on behalf of | |
| | | | | | The | New India Assurance Company Limited | |
| | | | | | | | |
| Date of | Issue: 24/06/2022 | | | | | | |
| | | | | | | | |
| | | | | | | Duly Constituted Attorney(s) | |
| | | | | | | , | |
| | | | | | | | |
| | | | • | | der Num | nbervide receipt | |
| number | dt Stamp | Duty | under the Policy i | s ₹1/ | | | |
| | | | | | | | |
| | | | | | | | |

Tax Invoice No: 16040022P0003675

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C