



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | JAIN INDUSTRIES . | | | |
|------------------|---|--|----------------|---|--|
| Insureds Details | | Issuing Office Details | | | |
| Customer ID | : | PO96863773 | Office Code | : | BRANCH AURANGABAD AUTO TIE-UP (160401) |
| Address | : | AT PLOT NO B 7 MIDC NEW MIDC AT BHOYAR YAVATMAL . YAVATMAL ,MAHARASHTRA, 445001 | 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 | : | | Phone No | : | 02402485446 / 02402484415 |
| E-mail/Fax | : | BackOffice@jainuineinsurance.co.in, / | E-mail/Fax | : | nia.160401@newindia.co.in / |
| PAN No | : | | S.Tax Regn. No | | AAACN4165CST178 |
| GSTIN/UIN | : | 27ABFPG5938D1ZR / NA | GSTIN | | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | | |
|---------------------|---|---|--|---|-------------------------------------|--|
| Policy Number | Policy Number : 16040146220100000018 Business Source Code | | | | | |
| Period of Insurance | : | From: 06/05/2022 08:22:46 PM To: 05/11/2022 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 | : | 06-May-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 | STATE BANK OF INDIA BR SME YAVATMAL . | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--------|---------------------|--|-------------------------------------|
| 3000 | 540 | 3541 | RUPEES THREE THOUSAND FIVE HUNDRED FORTY-ONE ONLY | 1604018122000000031 6 - 06/05/22 |
| Location Details | : A | AT PLOT NO B 7 MIDC | NEW MIDC AT BHOYAR YAVATMAL . | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | Grains,pulses,agri goods raw material finished and or | 10000000 | | |

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

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

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

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

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



| 1 | | NA | | | 0 |
|------------|----------------------------|--------------------------|---------------------|---------------------|--------------------------------|
| Descrinti | on of other item | | | | |
| SI. No. | | R ITEM DETAILS | | | Sum Insured |
| 1 | <u> </u> | NA | | | 0 |
| | Add on Covers | | | Sum Insured (₹) | |
| Other Ex | | | ' | NOT OPTED | |
| Theft Ext | | | | NOT OPTED | |
| Terrorism | | | | NOT OPTED | |
| | | | | | |
| Special C | Conditions | in godown | i goods raw mater | rial finished and o | r unfinished hoods whilst kept |
| Excess | | : 1000 | | | |
| This Polic | y shall subject to BURGLAR | policy clauses attach | ed herewith. | | |
| | | | | | |
| Premium a | and GST Details | | | | |
| | | | Rate of Tax | Amount in IN | R |
| Premium | | | | ₹ 3000.00 | |
| SGST | | | 9 | 270 | |
| CGST | | | 9 | 270 | |
| IGST | | | 0 | 0 | |
| | | peing duly authorised b | by the Insurers and | d on behalf of the | Insurers has (have) hereunder |
| on this 0 | 6th day of May,2022. | | | | |
| | | | | | |
| | | | | | and on behalf of |
| | | | | The New India | Assurance Company Limited |
| Date of I | ssue: 06/05/2022 | | | | |
| Date of it | 3346. 00/03/2022 | | | | |
| | | | | Duly Co | onstituted Attorney(s) |
| - | Dtcc | onsolidated Stamp Fee | | er Number | vide receipt |
| number_ | dt Stan | יוף שענא under the Polic | ∠y 15 ₹1/ | | |

Tax Invoice No: 16040122P0000416

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C