



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	: PRISTINE AQUATICS .		
<b>Insureds Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO96927987	Office Code	: BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	: PLOT NO A 15 MIDC LOHARA 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	: /	E-mail/Fax	: nia.160401@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
Policy Number	: 16040146220100000024	Business Source Code	
Period of Insurance	: From: 10/05/2022 06:37:49 PM To: 09/05/2023 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	: 10-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, / /

<b>Financier(s) Details</b>	
Sl. No.	<b>Name of the Financiers</b>
1	STATE BANK OF INDIA SME BR YAVATMAL

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
3000	540	3540	RUPEES THREE THOUSAND FIVE HUNDRED FORTY ONLY	1604018122000000034 7 - 11/05/22

Location Details	: Pristine Aquatics , at plot no A 15 MIDC LOHARA YAVATMAL 445001
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First Loss Percentage	: NA
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Details of assets covered under the Policy

<b>Stocks in Trade</b>		
Sl. No.	<b>STOCK DETAILS</b>	<b>Sum Insured</b>
1	plastic bottles,raw material, finished goods	5000000

<b>Goods held in Trust / Commision</b>		
Sl. No.	<b>GOODS HELD DETAILS</b>	<b>Sum Insured</b>
1	NA	0

<b>Furniture / Fixture / Fittings</b>		
Sl. No.	<b>FURNITURE/FIXTURE/FITTINGS DETAILS</b>	<b>Sum Insured</b>
1	NA	0

<b>Office Equipments</b>		
Sl. No.	<b>OFFICE EQUIPMENT DETAILS</b>	<b>Sum Insured</b>
1	NA	0

Policy No. : 16040146220100000024 Document generated by 31229 at 11/05/2022 11:38:40 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

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>.



Coins / Currency notes		
Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured
1	NA	0

Description of other item		
Sl. 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

<b>Special Conditions</b>	:	on stock plastic bottles,raw material, finished goods and/or other goods whilst kept in insured factory building situated at plot no A 15 MIDC LOHARA YAVATMAL
<b>Excess</b>	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 3000.00
SGST	9	270
CGST	9	270
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 11th day of May,2022.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 11/05/2022

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 : 16040122P0000450

<p><b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b></p>
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