



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | SHRIJI GINNING AND PRESSING FAC | CTORY. | | |
|----------------|---|---|----------------|-----|---|
| | • | Insureds Details | | Iss | uing Office Details |
| Customer ID | : | PO98341921 | Office Code | : | JALGAON (160700) |
| Address | : | GUT NO. 156, 157, ROSHANGAON ROAD, AT. BADNAPUR, JALNA | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| | | JALNA ,MAHARASHTRA, 431202 | | | |
| Phone No | : | | Phone No | : | 02572236189 / 02572232179 |
| E-mail/Fax | | pawan.tapdiya@gmail.com, / | E-mail/Fax | : | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ARLPT8341H1Z8 / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---|---|---|---|
| Policy Number | : | 16070046220100000046 | Business Source Code | | |
| Period of Insurance | : | From: 15/07/2022 03:21:24 PM To: 14/07/2023 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 | : | 15-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. | Name of the Financiers |
| 1 | STATE BANK OF INDIA SME BR CHIKALTHANA |
| 2 | STATE BANK OF INDIA |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|---|----------|--|-------------------------------------|
| 32000 | 5760 | 37760 | RUPEES THIRTY-SEVEN THOUSAND SEVEN HUNDRED SIXTY ONLY | 1607008122000000137 0 - 15/07/22 |
| Location Details | : SHRIJI GINNING AND PRESSING FACTORY, GUT NO. 156, 157, ROSHANGAON ROAD, AT. BADNAPUR, Jaina 431202 | | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks | Stocks in Trade | | |
|--------|---|-------------|--|
| SI. No | STOCK DETAILS | Sum Insured | |
| 1 | Stock of Cotton F.P Bales, seeds, cake, Soyabean Such other | 80000000 | |

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

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

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

Policy No.: 16070046220100000046Document generated by 23815 at 15/07/2022 16:01:05 Hours.

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

Give your valuable feedback on https://www.powindia.co.in/cottal/policy/English

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



| 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 | : | Stock of Cotton F.P Bales,seeds,cake,Soyabean Such other Goods Pertaining to insured's Trade whilst Stored &/or Lying factory godown building |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 32000.00 |
| SGST | 9 | 2880 |
| CGST | 9 | 2880 |
| 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 15th day of July,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 15/07/2022

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: 16070022P0002349

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C