



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | : SIDDHIVINAYAK COTSPIN | | | | |
|------------------|---|--|---|---|--|--|
| Insureds Details | | | Issuing Office Details | | | |
| Customer ID | : | PO99241785 | Office Code | | : AURANGABAD DO-160400 (160400) | |
| Address | : | BUNGLOW 14, DEUXIEM ENCLAVE, SATARA PARISAR PAITHAN ROAD, AURANGABAD KRANTI CHOWK (AUANGABAD) ,MAHARASHTRA, 431005 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 | |
| E-mail/Fax | : | kailash@jainuineinsurance.co.in, / | / E-mail/Fax : nia.160400@newindia.co. 02402331226 | | nia.160400@newindia.co.in / 02402331226 | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27AEEFS4659B1ZZ / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | | |
|--------------------------------------|---|---|---|---|------------------------------|--|
| Policy Number : 16040046220100000113 | | | | | | |
| Period of Insurance | : | From: 22/08/2022 02:57:49 PM To: 21/09/2022 11:59:59 PM | Dev.Off. Jainuine Insurance Brokers Pvt. L (DA3388757) Agent/Web Aggregator/CPSC User (SI00028623), | | | |
| Date of Proposal | : | 22-Aug-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, // | | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|---------------------------------|---|-------------------------------------|
| 1563 | 282 | 1846 | RUPEES ONE THOUSAND EIGHT HUNDRED FORTY-SIX ONLY | 1604008122000000531 5 - 22/08/22 |
| | | BRINDAVAN COTTON N DIMBAOTRE | MILLS P LTDS F NO- 887 POLLACHI RC | OAD,SULUR- TK |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------------------------|------------------|-------------|--|--|
| SI. No. STOCK DETAILS Sum Insured | | Sum Insured | | |
| 1 | Cotton F.P Bales | 12500000 | | |

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

| Furniture / Fixture / Fittings | | | | |
|--------------------------------|------------------------------------|-------------|--|--|
| 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. | No. COINS/CURRENCY/CURIOS DETAILS Sum Insured | | | |
| 1 | NA | 0 | | |

Description of other item

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



| 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 | | On Stock of Cotton F.P Bales stored in the godown of BRINDAVAN COTTON MILLS P LTDS F NO- 887 POLLACHI ROAD,SULUR- TK COIMBAOTRE-DIST SULTHANPETH- 641669 |
|--------------------|---|--|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 1563.00 |
| 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 22nd day of August, 2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 22/08/2022

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/-.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No: 16040022P0007638

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C