



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | JAY JAGDAMBA TRADING COMPANY . | | | |
|----------------|---|--|----------------|-----|---|
| | | Insureds Details | | lss | uing Office Details |
| Customer ID | : | PO99714757 | Office Code | : | DO II AURANGABAD (160500) |
| Address | : | NEW MONDHA, GANGAKHED, DIST. PARBHANI | Address | : | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD |
| | | Gangakhed ,MAHARASHTRA, 431514 | | | ,431003 |
| Phone No | : | | Phone No | : | 02402482688 / 02402480985 |
| E-mail/Fax | : | bajrangcotex3115@gmail.com, / | E-mail/Fax | : | nia.160500@newindia.co.in / 02402486895 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27AFNPD0235Q1Z7 / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---|---|----|--|
| Policy Number | : | 16050046220100000167 | 7 Business Source Code | | |
| Period of Insurance | : | From: 09/09/2022 12:00:01 AM To: 08/10/2022 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 | : | 09-Sep-22 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | | Non-Corporate | E-mail/Fax | T: | kailash@jainuineinsurance.co.in, // |

| | Financier(s) Details |
|---------|-----------------------------------|
| SI. No. | Name of the Financiers |
| 1 | CENTRAL BANK OF INDIA BR PARBHANI |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--|----------|---|-------------------------------------|
| 1250 | 226 | 1477 | RUPEES ONE THOUSAND FOUR HUNDRED SEVENTY-SEVEN ONLY | 1605008122000000291 6 - 08/09/22 |
| Location Details | Details : Akshay Agro Warehouse No.2, Gur No. 61, Malewadi, Tq. Gangakhed, Dist. Parbhani | | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in | n Trade | |
|-----------|---|-------------|
| SI. No. | STOCK DETAILS | Sum Insured |
| 1 | On stock of Cotton Seed and Cotton Cake | 10000000 |

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

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

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

Coins / Currency notes

Policy No.: 16050046220100000167Document generated by 37671 at 08/09/2022 17:26:33 Hours.

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

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



| 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 | | On stock of Cotton Seed and Cotton Cake stored at Akshay Agro Warehouse No.2, Gur No. 61, Malewadi, Tq. Gangakhed, Dist. Parbhani |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 1250.00 |
| SGST | 9 | 113 |
| CGST | 9 | 113 |
| 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 08th day of September,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 08/09/2022

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 : 16050022P0006722

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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