



**POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE**

**UIN NUMBER - IRDAN190P0098100001**

|                         |  |                               |  |
|-------------------------|--|-------------------------------|--|
| <b>Insured's Name</b>   | : MITTAL POLYGRAINS LLP  |                               |  |
| <b>Insureds Details</b> |  | <b>Issuing Office Details</b> |  |
| <b>Customer ID</b>      | : PO90742643   | <b>Office Code</b>            | : BRANCH AURANGABAD AUTO TIE-UP (160401)   |
| <b>Address</b>          | : GUT. NO. 41, PLOT NO. 27 & 28, KARODI INDUSTRIAL AREA, AURANGABAD<br><br>SIZSILLA ,MAHARASHTRA, 431136 | <b>Address</b>                | : THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH ( 160401 ) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003 |
| <b>Phone No</b>         | :  | <b>Phone No</b>               | : 02402485446 / 02402484415  |
| <b>E-mail/Fax</b>       | : mukeshagrawal101@gmail.com, /  | <b>E-mail/Fax</b>             | : nia.160401@newindia.co.in /  |
| <b>PAN No</b>           | :  | <b>S.Tax Regn. No</b>         | : AAACN4165CST178  |
| <b>GSTIN/UIN</b>        | : 27ABEFM8326J1ZY / NA   | <b>GSTIN</b>                  | : 27AAACN4165C3ZP  |
|                         |  | <b>SAC</b>                    | : 997139 (Other non-life insurance services excl RI)   |

|                            |   |   |   |
|----------------------------|---|---|---|
| <b>Policy Details</b>      |   |   |   |
| <b>Policy Number</b>       | : 16040146220100000084                                    | <b>Business Source Code</b>                                       |   |
| <b>Period of Insurance</b> | : From: 05/09/2022 02:30:00 PM To: 04/09/2023 11:59:59 PM | <b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b> | : Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623), |
| <b>Date of Proposal</b>    | : 05-Sep-22   | <b>Agent/Bancassurance/S pecified Person</b>                      | :   |
| <b>Prev. Policy no.</b>    | :   | <b>Phone No</b>   | : 02402350377, 9850049400 / NA  |
| <b>Client Type</b>         | : Non-Corporate   | <b>E-mail/Fax</b>   | : kailash@jainuineinsurance.co.in, / /  |

|                             |                               |
|-----------------------------|-------------------------------|
| <b>Financier(s) Details</b> |                               |
| <b>Sl. No.</b>              | <b>Name of the Financiers</b> |
| 1                           | HDFC BANK LTD                 |

|                   |               |                 |  |                                     |
|-------------------|---------------|-----------------|--|-------------------------------------|
| <b>Premium(₹)</b> | <b>GST(₹)</b> | <b>Total(₹)</b> | <b>Total (₹ in words)</b>                    | <b>Receipt No. &amp; Date</b>       |
| 5500              | 990           | 6490            | RUPEES SIX THOUSAND FOUR HUNDRED NINETY ONLY | 1604018122000000158<br>1 - 05/09/22 |

|                         |  |
|-------------------------|--|
| <b>Location Details</b> | : Mittal Polygrains LLP<br>Gut. No. 41, Plot No. 27 & 28, Karodi Industrial Area, Aurangabad |
|-------------------------|--|

|                              |      |
|------------------------------|------|
| <b>First Loss Percentage</b> | : NA |
|------------------------------|------|

**Details of assets covered under the Policy**

|                        |  |                    |
|------------------------|--|--------------------|
| <b>Stocks in Trade</b> |  |                    |
| <b>Sl. No.</b>         | <b>STOCK DETAILS</b>   | <b>Sum Insured</b> |
| 1                      | plastic Granule(raw material,semi finished & finished goods) | 27500000           |

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

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

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

|                               |
|-------------------------------|
| <b>Coins / Currency notes</b> |
|-------------------------------|



| 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       |

|                    |   |  |
|--------------------|---|--|
| Special Conditions | : | Mittal Polygrains LLP,<br>Gut. No. 41, Plot No. 27 & 28, Karodi Industrial Area, Aurangabad. 431136. |
| Excess             | : | 1000   |

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 5500.00     |
| SGST    | 9           | 495           |
| CGST    | 9           | 495           |
| 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 05th day of September,2022.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 05/09/2022

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 : 16040122P0002218

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