



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	: B R T INDUSTRIES		
Insureds Details		Issuing Office Details	
Customer ID	: PO85889271	Office Code	: DO II AURANGABAD (160500)
Address	: SURVEY NO. 44/1, MAUZE ITLAPUR, YENNORA ROAD, HINGANGHAT, WARDHA HINGANGHAT ,MAHARASHTRA, 442301	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	:	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: brtindustries2017@gmail.com, kailash@jainuineinsurance.co.in /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	: AARFB0494J	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AARFB0494J1Z1 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050046210100000236	Business Source Code	
Period of Insurance	: From: 27/01/2022 06:27:25 PM To: 26/04/2022 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) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
Date of Proposal	: 27-Jan-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	
Sl. No.	Name of the Financiers
1	AXIS BANK LTD CHIMUR BRANCH DISTT.CHANDRAPUR

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
6249	1126	7376	RUPEES SEVEN THOUSAND THREE HUNDRED SEVENTY-SIX ONLY	1605008121000000672 7 - 28/01/22
Location Details		: Vijay Pukharaj Tiwari, Chemeber No 1,2 & 3,Mouza Itlapur, Survey No-43/5,43/6, 43/7, Ta-Hinganghat		

First Loss Percentage	: NA
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Details of assets covered under the Policy

Stocks in Trade		
Sl. No.	STOCK DETAILS	Sum Insured
1	cotton F P Bales,Seeds, Cake,Tuvar	25000000

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

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

Policy No. : 16050046210100000236 Document generated by 36776 at 28/01/2022 16:53:13 Hours.

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

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>.



Office Equipments		
Sl. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

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

Special Conditions	:	Vijay Pukharaj Tiwari, Chemeber No 1, 2 & 3, Mouza Itlapur, Survey No-43/5, 43/6, 43/7, Ta- Hinganghat, Dist-Wardha
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 6249.00
SGST	9	563
CGST	9	563
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 28th day of January,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 28/01/2022

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 : 16050021P0013040

IRDA Registration Number: 190