पॉलिसी अनुसूची/ Policy Schedule - Money Insurance						
Policy Number: 321800592210000187	व्यवसाय स्त्रोत /Business Source: 910275					
	विक्रय चैनल विवरण/ Sales Channel Code: 91027500000001					
जारीकर्ता कार्यालय/ Issuing Office	नाम /Name: Jainuine insurance brokers pvt					
कार्यालय कोड /Office Code: 321800	Itd - Indore Contact Number: 9893131223					
कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	सह दलाल कोड / Co Broker Code:					
	कस्टमर केयर टॉल फ्री नंबर∕Customer Care Toll Free Number: 1800 345 0330					
	ईमेल/					
	email:customer.support@nic.co.in					

ग्राहक का नाम /Customer Name: M/S SIDDHIVINAYAK GINNING PRESSING	ग्राहक आईडी /Customer ID: 9701935460	पैन /PAN: ACCFS4857R		
पता/ Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST	फोन /Phone:			
JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.com			

ॉलिसी: 28/09/2022 के 00:00 ः i idnight of 27/09/2023	से 27/09/2023 की मध	ग्य रात्रि तक प्रभावी /Policy Effecti	ive from 00:00 hours, on 28/09/2022 to		
प्रीमयिम/ Premium	₹ 20,000.00	कवर नोट संख्या और तथि7ि Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00	. " ~~			
IGST	₹ 3,600.00	प्रस्ताव संख्या और तथि।/Proposal	8800211207992371 Dt. 26/09/2022		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
नर्प्राप्ति योग्य स्टाम्प ड्यूटी Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथिि/Receipt Number and Date	321800812210003134 Dt. 26/09/2022		
कुल /Total Amount	₹ 23,601.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	321800592110000218 and Dt.09/12/2022		

Money in Transit						
Section I	Description	Limit of liability for Any one Loss(₹)	Estimated Annual Carrying Amount(₹)			
Sec I - B (Money in Transit)	MONEY (OTHER THAN DESCRIBED IN ITEM A ABOVE) IN TRANSIT FORM/TO INSUREDS PREMISES/BANK/P.O ANY OTHER SPECIFIED PREMISES ALL RESIDENCE OF ALL PARTNER /PROPRIETOR & VICVERSA	1,00,00,000.00	30,00,00,000.00			

Money in Safe / Counter							
Section II	Description	Identification Number	Sum Insured(₹)				
Safe Details	GAT NO 746/2 VEERWADA ROD TAL CHOPDA DIST JALGAON FACTORY PERMISES AND ALL RESIDENCE OF ALL PARTNER/VICEVERSA	N/A	1,00,00,000.00				

Additional Covers							
Assault Risks (No. of person) NA Riot and Strike Extension No							
Assault Risk Sum insured per person(₹)	NA	Terrorism	No				
		Infidelity risk	No				

परमाण-पतर /Certificate- Money Insurance पॉलिसी संखया/Policy Number: व्यवसाय सृत्रोत /Business Source: 910275 321800592210000187 विक्रिय चैनल विवरण/Sales Channel Details विक्रय चैनल विवरण/ Sales Channel Code: जारीकर्ता कार्यालय/Issuing Office 91027500000001 कार्यालय कोड /Office Code: 321800 नाम/Name: Jainuine insurance brokers pvt Itd - Indore कारयालय पता /Office Address: DEWAS Contact Number: 9893131223 DIVISION 2-TARANI COLONY, A.B ROAD,, 455001. कस्टमर केयर टॉल फ्री नंबर/Customer State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB **Care Toll Free Number:** Contact Number: 7272 250074 1800 345 0330 Mobile Number: email:customer.support@nic.co.in

Note:

Section IA: Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insured's premises from the time the cash is received at the bank by the Insured or the authorized employee/s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such Cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the Insured to provide for such cash are covered in transit from the Premises to the Bank

Section IB: Money (other than described in IA above) in the personal custody of the Insured or the authorized employee/s of the Insured whilst in direct transit between the premises and the bank or post office and vice versa

Section II: Cash (other than described in section IA above) whilst on the premises during business hours or whilst secured in locked safe or locked strong room on the Insured's premises out of business hours against the risk of burglary, housebreaking and hold-up

टप्पिणयों/ Remarks: RISK COVERED: FACTORY, OFFICE, BANKS, ALL RESIDENCE OF ALL PARTNER/PROPRIETOR. VICE VERSA WITH IN 500 KM RADIUS, BY OWNER OR AUTHORIZED EMPLOYEE, IN ANY TYPE OF BAGS, TRUNKS, IN ANY VEHICLE PUBLICS, PRIVATE, SAFE CONSISTS OF WOODEN / STEEL CUPBOARD, WITH OR WITHOUT SECURITY GARD. (FACTORY OFFIC4E BANKS, ALL RESIDENCE OF ALL PARTNER/PROPRIETOR/VICEVERSA WITH IN 500KM RADIUS AND CASH IN SAFE AT FACTORY ALL RESIDENCE OF ALL PARTNER/PROPRIETOR)

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उललेखित कार्यालय पते पर अधोहसताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शबंद या अभवियक्त जिसके लिए यह वशिषिट अर्थ पॉलिसी या अनुसूची के किसी भी हिससे में संलगन किया गया हो, एक ही अरथ वहन करेगा चाहे जहाँ भी उललेखित हो। यह आशवासन दिया जाता है कि पिरीमयिम चेक के असवीकृति के मामले में, यह दसतावेज सवतः पराथमिकता निरसत हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 26/September/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website https://nationalinsurance.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

इंश्योरेन्सइंडयालिमिटिड

Stamp Duty: (₹ 0.25)

कते नेशनल इनशयोरेनस कंपनी स्टांप इयू सिनिटिंड/ For and on behalf of National Insurance Company Limited

> अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30878O2P00000187 Invoice Date: 26/09/2022

Details of Supplier:

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

State: 23, Madhya Pradesh 23AAACN9967E1ZB GSTIN No:

Details Of Receiver: M/S SIDDHIVINAYAK GINNING PRESSING
Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST JALGAON MH

City: JALGAON - DISTRICT OTHERS,

District: JALGAON, State: MAHARASHTRA,

PIN: 425107.

Maharashtra Place Of Supply State:

State Code:

27ACCFS4857R1Z8 GSTIN No:

सेवा का सैक कोड/ विदरण/ SAC Code Descripti on of Service	वविरण/ Descripti	< 1	टैक्स योग्य/ मूल्य/Taxable	सीजीएसटी की राशि ए CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess	
		nt Value(₹)	Value(₹)	दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा⁄/Amount(₹)	
997139	Other non- life insurance services (excluding reinsuranc e services)	20,000	0%	20,000	0%	0	0%	0	18%	3,600	0
TOTAL	,	20,000		20,000		0		0		3,600	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

Twenty Three Thousand Six Hundred One

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

