

पॉलिसी अनुसूची/ Policy Schedule - Money Insurance	
Policy Number: 321800592110000218	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 321800 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:	विक्रय चैनल वविरण/Sales Channel Code: 9102750000000101 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - HO Contact Number: 9850049400 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 JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893131223	फोन /Phone: ई-मेल /E-Mail: slibindore@gmail.com	

पॉलिसी: 10/12/2021 के 00:00 से 09/12/2022 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 10/12/2021 to midnight of 09/12/2022			
प्रीमियम/ Premium	₹ 21,000.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800211207992371 Dt. 07/12/2021
SGST/UTGST	₹ 0.00		
IGST	₹ 3,780.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्तियोग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	321800812110005227 Dt. 07/12/2021
कुल /Total Amount	₹ 24,781.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
(Rupees Twenty Four Thousand Seven Hundred Eighty One Only.)			

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/VICVERSA	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

प्रमाण-पत्र /Certificate- Money Insurance	
पॉलिसी संख्या/ Policy Number: 321800592110000218	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 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:	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल विवरण/ Sales Channel Code: 9102750000000101 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - HO Contact Number: 9850049400
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

	Infidelity risk	No
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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

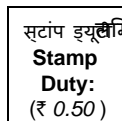
Section IB: Money (other than described in IA above) in the personal custody of the Insured or the authorized employee/s of the Insured whilst in direct transit between the premises and the bank or post office and vice versa

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

टिप्पणियां/ **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)

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकित कयिा जा रहा है उसके हाथ नर्धारति कएिे 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 रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्ति जसिके लएिे यह वशिषिट अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वासन दयिा जाता है कि प्रीमियम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकतिा नरिसुत हो जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 07/December/2021.** 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'**

इंश्योरेन्सइंडियलमिडिड



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

अधकित हस्ताक्षरकर्ता/ **Authorized Signatory**

TAX INVOICE

Invoice Serial No: 30878O1P00000218

Invoice Date: 07/12/2021

Details of Supplier:

National Insurance Company Limited.,
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001
State : 23 , Madhya Pradesh
GSTIN No : 23AAACN9967E1ZB

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.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27ACCFS4857R1Z8

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	21,000	0%	21,000	0%	0	0%	0	18%	3,780	0
TOTAL		21,000		21,000		0		0		3,780	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 24,781

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Twenty Four Thousand Seven Hundred Eighty One
केवल/Only.

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

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory