पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udyam Suraksha						
Policy Number: 321800112110000332	व्यवसाय स्त्रोत / Business Source: 910275					
	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 91027500000001 नाम/ Name: Jainuine insurance brokers pvt					
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 321800 कार्यालय पता/ Office Address: DEWAS	Itd - Indore Contact Number: 9893131223					
DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB	सह दलाल कोड / Co Broker Code:					
Contact Number: 7272 250074 Mobile Number:	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 VANSHIKA PULSES	ग्राहक आईडी /Customer ID: 9701920760 पैन /PAN:		
ता/ Address: N1/1B AGC MIDC NO4 AKOLA MAHARASHTRA,	फोन /Phone:		
City: AKOLA - DISTRICT OTHERS, District: AKOLA, State: MAHARASHTRA, PIN: 444104. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.d	com	

पॉलिसी: 01/01/2022 के 00:00 र midnight of 31/12/2022	प्ते 31/12/2022 की मध	य्य रात्रितक प्रभावी /Policy Effecti	ve from 00:00 hours, on 01/01/2022 to		
प्रीमयिम/ Premium	₹ 71,500.00	कवर नोट संख्या और तथि ि Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00	. 4 60-			
IGST	₹ 12,870.00	प्रस्ताव संख्या और तथि। Proposal	8800211229112456 Dt. 29/12/2021		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
पुनर्प्राप्ति योग्य स्टाम्प इ्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथिि Receipt Number and Date	321800812110005816 Dt. 29/12/2021		
कुल /Total Amount	₹ 84,370.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	लागू नहीं/NA		
(Rupees Eighty Four Thousand T	Three Hundred Sever	nty Only.)			

Occupancy Code: 2098	Occupancy Details: Grain/seeds disintegrating/crushing/ Decorticating factories/ Dal mills.
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Total Location Sum Insured	₹ 5,00,00,000.00
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LocationAddress:
1)PLOT NO N1/1B, MIDC PHASE NO 4 AKOLA 444104 MH,,Akola - District Others,Akola,Maharashtra,444104.

SL. No	Coverage	Coverage Description	Sum Insured					
1	Basic Cover(Excluding EQ and STFI)	ON BUILDING SI 1CR,P & M ALL TYPES OF MACHINERY SI 1.50CR, STOCK SI 2.50CR ON STOCK OF ALL KIND OF PULSES,CHUNI,IN LOOSE,PROCESS BARDAN & PACKING MATERIALS THE STOCK HELD IN TRUST ALSO COVERED	`5,00,00,000.00					
	अधिकि/Excess: Compulsory Ex	cess: ₹ 10,000.00, TEN THOUSAND ONLY.						
	Additional Information: NA							
2	Earthquake	ON BUILDING SI 1CR,P & M ALL TYPES OF MACHINERY SI 1.50CR, STOCK SI 2.50CR ON STOCK OF ALL KIND OF PULSES,CHUNI,IN LOOSE,PROCESS BARDAN & PACKING MATERIALS THE STOCK HELD IN TRUST ALSO COVERED	` 5,00,00,000.00					
	अधिकि /Excess: Compulsory Ex	cess: ₹ 10,000.00, TEN THOUSAND ONLY.						
	Additional Information: NA							
3	STFI	ON BUILDING SI 1CR,P & M ALL TYPES OF MACHINERY SI 1.50CR, STOCK SI 2.50CR ON STOCK OF ALL KIND OF PULSES,CHUNI,IN LOOSE,PROCESS BARDAN & PACKING MATERIALS THE STOCK HELD IN TRUST ALSO COVERED	`5,00,00,000.00					

पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udyam Suraksha					
Policy Number: 321800112110000332 व्यवसाय स्त्रोत / Business Source: 910.					
	विक्रय चैनल विवरण/ <u>Sales Channel Details</u> कोड/ Code: 91027500000001				
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 321800 कार्यालय पता/ Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001.	नाम/Name: Jainuine insurance brokers pvt ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:				
State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number: Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.ii					

	email:customer.support@mc.co.iii						
	अधिकि/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND ONLY.						
	Additional Information: NA						
4	Terrorism	ON BUILDING SI 1CR,P & M ALL TYPES OF MACHINERY SI 1.50CR, STOCK SI 2.50CR ON STOCK OF ALL KIND OF PULSES,CHUNI,IN LOOSE,PROCESS BARDAN & PACKING MATERIALS THE STOCK HELD IN TRUST ALSO COVERED	`5,00,00,000.00				
4	4 अधिक/Excess: 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and Maximum of IN 25,00,000						
	Additional Information: NA						

Clauses	As per Annexure I
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FINANCIER DETAILS							
Sr.No	Sr.No Type of Finance Name of Financier Address						
1 Hypothecation STATE BANK OF INDIA BRANCH SME							

टपिपणियां/ Remarks: BASIC COVER, EQ, STFI, TERRORISM

ON BUILDING ALL TYPES OF BUILDING SI 1CR,PLANT & MACHINAERY SI 1.50CR, STOCK SI 2.50CR ON STOCK OF ALL KIND OF PULSES,CHUNI,IN LOOSE,IN PROCESS BARDAN & PACKING MATERIALS THE STOCK HELD IN TRUST ALSO COVERED

AGREED BANK CLAUSE

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत 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 रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिता निरस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/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'

इंश्योरेन्सइंडयालिमिटिड

कृते नेशनल इन्श्योरेन्स कंपनी
स्टांप इय्**व**िनटिंड/ For and on behalf of National Insurance
Stamp Company Limited
Duty:
(₹ 1.00)

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30878F1P00000332 Invoice Date: 29/12/2021

Details of Supplier:

National Insurance Company Limited.,

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

23, Madhya Pradesh State: GSTIN No: 23AAACN9967E1ZB

Details Of Receiver : M/S VANSHIKA PULSES
Address : N1/1B AGC MIDC NO4 AKOLA MAHARASHTRA

AKOLA - DISTRICT OTHERS, City:

District: AKOLA,

State: MAHARASHTRA,

PIN: 444104.

Place Of Supply State : State Code : Maharashtra

27 GSTIN No: NA

सैक कोड/ SAC Code	सेवा का वविरण/ Descripti	कुल/Total(₹)	छ्ट/ Discou	टैक्स योग्य/ मूल्य/Taxable	मूल्य/Taxable		"		आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess
	on of Service	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)	71,500	0%	71,500	0%	0	0%	0	18%	12,870	0
TOTAL		71,500		71,500		0		0		12,870	0

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

₹84,370

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

Eighty Four Thousand Three Hundred Seventy

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

