



POLICY SCHEDULE FOR OFFICE PROTECTION SHIELD (General Office) INSURANCE

UIN NUMBER - IRDAN190P0118100001

Insured's Name	: SWASTIK CORPORATION		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO83222669	Office Code	: BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	: OLD MONDHA, AURANGABAD. 431001  AURANGABAD ,MAHARASHTRA, 431001	Address	: THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH ( 160401 ) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Phone No	:	Phone No	: 02402485446 / 02402484415
E-mail/Fax	: /	E-mail/Fax	: nia.160401@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
Policy Number	: 16040148221000000001	<b>Business Source Code</b>	
Period of Insurance	: From:07/10/2022 05:53:57 PM To: 06/10/2023 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),
Date of Proposal	: 07-Oct-22	Agent/Bancassurance/Specified Person	:
Prev. Policy no.	:	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)	Receipt No. & Date
1639	296	1935	RUPEES ONE THOUSAND NINE HUNDRED THIRTY-FIVE ONLY	16040181220000001991 - 07/10/22

Type of Occupant	: Owner
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Section wise Premium Details:

Section	Description Cover	Sum Insured
1	Fire - Building	850000
2A	Fire - Contents	365000
2B	Burglary	350000
3	Tenant's Liability	
4	Money Insurance	325000
5	Fixed glass and sanitary fittings	
6	Fidelity Guarantee	
7	Damage to electronic equipment	
8A	Cost of reinstatement date	
8B	Increased cost of working	
9	Portable equipment	
10	Additional expense of rent	
12	Break down of Office appliance	
13	Baggage	15000
14A	Public Liability Insurance	37500
14B	Workmen's Compensation	

Policy No. : 16040148221000000001 Document generated by 31229 at 07/10/2022 18:24:20 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>.



15	Professional Indemnity	
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Section - 11 (Personal Accident)					
Sl .No	Name of the Member	Relationship with the Employee (OS)	Capital Sum Insured	Risk Group (OS)	Description of the Risk Group
1	V. G. KATARIYA	Self	400000	Risk Group I	BUSSINESS

Portable Equipment Detail:						
Sl. No.	Name of the portable Equipment	If Other then Other Details	Equipment Make	Equipment ID	Year of Manufacturer	Sum Insured
Discount for opting additional two sections above the minimum sections : 15%						
Discount for opting additional four sections above the minimum sections : 20%						
Special Conditions		: AS PER POLICY				
Excess		: 0				

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 1639.00
SGST	9	148
CGST	9	148
IGST	0	0

The Policy shall be subject to OFFICE PROTECTION SHIELD INSURANCE policy clauses attached herewith. 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 07th day of October,2022.

For and on behalf of  
The New India Assurance Company  
Limited

Date of Issue: 07/10/2022

Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.

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 : 16040122P0002911

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