पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udyam Suraksha					
Policy Number: 321800112210000188	व्यवसाय स्त्रोत / Business Source: 910275				
	विक्रिय 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. State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	नाम/Name: Jainuine insurance brokers pvt ltd - Indore Contact Number: 9893131223 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 VISHWANATH GINNING PRESSING	ग्राहक आईडी /Customer ID: 9702046201	पैन /PAN: AARFV9526H		
पता/ Address: C S NO 5994 OPP COURT OLD SHIRPUR ROAD	फोन /Phone:			
TAL CHOPDA DIST JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.c	om		

idnight of 05/10/2023					
प्रीमयिम/ Premium	₹ 50,492.00	कवर नोट संख्या और तथि 7 Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00	. , , , , , , , , , , , , , , , , , , ,	8800211001655477 Dt. 06/10/2022		
IGST	₹ 9,089.00	प्रस्ताव संख्या और तथि/Proposal			
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	321800812210003315 Dt. 06/10/2022		
कुल /Total Amount	₹ 59,578.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	321800112110000208 and Dt.04/10/2022		

Occupancy Code: 2063	Occupancy Details: Cotton Gin and Press Houses

Total Location Sum Insured ₹ 2,45,00,000.00

LocationAddress:1)C S NO 5994 OPP COURT OLD SHIRPUR ROAD TAL CHOPDA DIST JALGAON MH,,Jalgaon - District Others,Jalgaon,Maharashtra,425107.

SL. No	Coverage	Coverage Description	Sum Insured			
1	Additional Addon Cover 2	ON BUILDING ALL TYPE OF FACTORY BUILDING GODOWNS, SHEDS WALL COMPOUND WATER OVERHEAD TANK SI-9000000/-PLANT & MACHINERY ALL TYPE OF P & M ,ELECTRICAL INSTALLATION, ELECT MOTOR DG SET SI - 15500000/-	` 2,45,00,000.00			
	अधिकि/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND.					
	Additional Information: NA					
2	Basic Cover(Excluding EQ and STFI)	ON BUILDING ALL TYPE OF FACTORY BUILDING GODOWNS,SHEDS WALL COMPOUND WATER OVERHEAD TANK SI-9000000/-PLANT & MACHINERY ALL TYPE OF P & M ,ELECTRICAL INSTALLATION,ELECT MOTOR DG SET SI - 15500000/-	` 2,45,00,000.00			
	अधिकि/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND.					
	Additional Information: NA					
3	Earthquake	ON BUILDING ALL TYPE OF FACTORY BUILDING GODOWNS,SHEDS WALL COMPOUND WATER OVERHEAD	` 2,45,00,000.00			

पॉलिसी अनुसूची/ Policy Schedule - National Bhar	rat Sookshma I Idvam Suraksha			
5 ",	. •			
Policy Number: 321800112210000188	व्यवसाय स्त्रोत / Business Source: 910275			
1	<u>विक्रय चैनल विवरण/</u>			
	Sales Channel Details			
	कोड/ 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., -	सह दलाल कोड / Co Broker Code:			
455001.				
State Code: 23 , Madhya Pradesh				
GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074				
Mobile Number: 7272 250074	कस्टमर केयर टॉल फ्री नंबर/Customer			
Mobile Hambor.	Care Toll Free Number:			
	1800 345 0330			
	ईमेल/			
	email:customer.support@nic.co.in			
	TANK SI-9000000/-PLANT & MACHINERY ALL TYPI ,ELECTRICAL INSTALLATION,ELECT MOTOR DG 15500000/-			
अधिकि /Excess: Compulsory Exce	ess: ₹ 10,000.00, TEN THOUSAND.			
Additional Information: NA	·			
	ON BUILDING ALL TYPE OF FACTORY BUILI GODOWNS,SHEDS WALL COMPOUND WATER O' TANK SI-9000000/-PLANT & MACHINERY ALL TYPI ELECTRICAL INSTALLATION.ELECT MOTOR DG	VERHEAD E OF P & M	` 2,45,00,000.00	
4	15500000/-			
अधिकि/Excess: 5% of the claim a	अधिकि/Excess: 5% of the claim amount for each and every claim subject to Min			
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	MIDC BRANCH JALGAON			

टिप्पणियां/ Remarks: BASIC COVERM EQ STFI, TERRORISM,

ON BUILDING ALL TYPE OF FACTORY BUILDING GODOWNS, SHEDS WALL COMPOUND WATER OVERHEAD TANK SI-9000000/-PLANT & MACHINERY ALL TYPE OF P & M , ELECTRICAL INSTALLATION, ELECT MOTOR DG SET SI -15500000/-REINSTAMENT CLAUSE AS APPLICABLE 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 अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this O6/October/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'

इंश्योरेन्सइंडयालमिटिंड

कृते नेशनल इन्श्योरेन्स कंपनी
स्टांप इय्**खे**मिटिडा For and on behalf of National Insurance
Stamp
Duty:
(₹ 1.00)
अधिकत इस्तातकष्णकारा Authorized

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30878F2P00000188 Invoice Date: 06/10/2022

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 VISHWANATH GINNING PRESSING
Address: C S NO 5994 OPP COURT OLD SHIRPUR ROAD TAL CHOPDA DIST JALGAON MH

JALGAON - DISTRICT OTHERS, City:

District: JALGAON, State: MAHARASHTRA,

PIN: 425107.

Place Of Supply State : Maharashtra

State Code: 27

27AARFV9526H1ZF GSTIN No:

OAO OOGC	सेवा का वविरण/ कुल/Total Descripti on of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess
		ŕ			दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	50,492	0%	50,492	0%	0	0%	0	18%	9,089	0
TOTAL	,	50,492		50,492		0		0		9,089	0

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

₹59,578

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

Fifty Nine Thousand Five Hundred Seventy Eight

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशा/ 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

