



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name        | :   | FOREX AGRO CO  | OMMODITIES                          |   |                               |             |   |                                    |  |
|-----------------------|---|--|-------------------------------------|---|-------------------------------|-------------|---|------------------------------------|--|
|                       | Insureds Details Issuing Office Details                           |  |                                     |   | tails                         |             |   |                                    |  |
| Customer ID           | :   | POA0725018   |                                     | Office Code   |                               | :           | : RAHURI BRANCH 151804 (151804)   |                                    |  |
| Address               | :   | : A/P 21, MADHAV DARSHAN ESTATE,<br>KADI-CHHATRAL ROAD<br>KADI, TAL - KADI<br>DIST- MHESANA<br>KADI, GUJARAT, 382715 |                                     | Address   |                               | :           | SITAPLAZA (<br>NAGAR MAN<br>RAHURI,413  | IMAD ROAD                          |  |
| Phone No              | :   | XXXXXX4801   |                                     | Phone No  | : 0242623306                  |             |   | 0 / 02426233070                    |  |
| E-mail/Fax            | :   | siddhicottoni@gm   | E-mail/Fax                          | : nia.151804@<br>0242623307   |                               |             | newindia.co.in /<br>)   |                                    |  |
| PAN No                | :   |  |                                     | S.Tax Regn. N   | .Tax Regn. No : A             |             |   | CST178                             |  |
| GSTIN/UIN             | :         NA / NA         GSTIN         :         27AAACN4165C3ZP |  | 65C3ZP                              |   |                               |             |   |                                    |  |
|                       | :   |  | SAC                                 | : 997139 (Oth<br>excl RI)   |                               |             | er non-life insurance services  |                                    |  |
|                       |   |  | Policy                              | Details   |                               |             |   |                                    |  |
| Policy Number         | :   | 15180446220100   | 000032                              | Business Sou  | rce Code                      |             | •   |                                    |  |
| Period of Insurance   | :   | From: 20/10/2022<br>19/10/2023 11:59:  |                                     | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User |                               | :           | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |                                    |  |
| Date of Proposal      | :   | 20-Oct-22  |                                     | Agent/Bancassurance/S : pecified Person                             |                               |             |   |                                    |  |
| Prev. Policy no.      | :   |  |                                     | Phone No  |                               | :           | 02402350377, 9850049400 / NA  |                                    |  |
| Client Type           | :   | Non-Corporate  |                                     | E-mail/Fax  | <b>mail/Fax</b> : kailash@jai |             | kailash@jainu   | uineinsurance.co.in, / /           |  |
| Premium(₹)            |   | GST(₹)   | Total(₹)                            | Total (₹ in w   |                               |             | rds)  | Receipt No. & Date                 |  |
| 3152                  |   | 567  | 3719                                | RUPEES THREE THO<br>HUNDRED NINET                                   |                               |             |   | 151804812200000376<br>6 - 20/10/22 |  |
| Location Details      |   | : ,  | A/P -21,MADHAV DA<br>MHESANA-382715 | _   |                               |             | -   | ROAD, ATA KADI , DIST -            |  |
| First Loss Percentag  | e   | :  | NA                                  |   |                               |             |   |                                    |  |
| Stocks in Trade       |   |  | Details of assets cov               | vered under th  | ne Policy                     |             |   |                                    |  |
| SI. No.               |   | STOCK  | DETAILS                             |   | Sum Insured                   |             |   |                                    |  |
| 1                     |   |  |                                     |   | 1000000                       |             |   |                                    |  |
|                       |   |  |                                     |   |                               |             | 100   |                                    |  |
| Goods held in Trust   | / Cor   |  |                                     |   |                               |             |   |                                    |  |
| SI. No.               | GOODS HELD DETAILS  |  |                                     |   | Sum Insured0                  |             |   |                                    |  |
|                       |   | I  | NA                                  |   |                               |             |   | 0                                  |  |
| Furniture / Fixture / |   |  |                                     |   |                               |             |   |                                    |  |
| <b>SI. No.</b><br>1   | FURNITURE/FIXTURE/FITTINGS DETAILS                                |  |                                     |   | Sum Insured           0       |             |   |                                    |  |
| Office Equipments     |   |  |                                     |   |                               |             |   |                                    |  |
| SI. No.               |   | OFFICE EQUIF   | MENT DETAILS                        |   |                               |             | Sum I   | nsured                             |  |
| 1                     | NA  |  |                                     |   | 0                             |             |   |                                    |  |
| Coins / Currency not  | es  |  |                                     |   |                               |             |   |                                    |  |
| SI. No.               |   |  |                                     |   |                               | Sum Insured |   |                                    |  |
| 1                     |   | 1  | NA                                  |   |                               |             |   | 0                                  |  |
| Description of other  | item  | 1  |                                     |   |                               |             |   |                                    |  |
| SI. No.               | OTHER ITEM DETAILS  |  |                                     |   |                               | Sum Insured |   |                                    |  |

Policy No. : 15180446220100000032Document generated by 35568 at 20/10/2022 17:24:49 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.



| 1               |            |   | NA              | 0 |  |  |
|-----------------|------------|---|-----------------|---|--|--|
| Add on Covers   |            |   | Sum Insured (₹) |   |  |  |
| Other Extension |            |   | NOT OPTED       |   |  |  |
| Theft Extension |            |   | NOT OPTED       |   |  |  |
| Terrorism       |            |   | NOT OPTED       |   |  |  |
| Special C       | Conditions | : | sefv            |   |  |  |
| Excess : 0      |            | 0 |                 |   |  |  |

This Policy shall subject to BURGLARY policy clauses attached herewith.

## Premium and GST Details

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 3152.00     |
| SGST    | 0           | 0             |
| CGST    | 0           | 0             |
| IGST    | 18          | 567           |

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 20th day of October,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 20/10/2022

Duly Constituted Attorney(s)

 Mudrank\_\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt

 number\_\_\_\_\_\_dt.\_\_\_\_. Stamp Duty under the Policy is ₹1/-.

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 : 15180422P0004408

| IRDA Registration Number: 190 |
|-------------------------------|
| NIA PAN NUMBER: AAACN4165C    |

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