



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	MITTAL FIBERS				
Insured's Details			Issuing Office Details			
Customer ID	:	POA0685020	Office Code		AURANGABAD DO-160400 (160400)	
Address	:	DONDAICHA ROAD, SHAHADA(425421) THALNER ,MAHARASHTRA, 425421	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No	:		Phone No	:	02402333572 / 02402333361	
E-mail/Fax	:	SANJAYSHD@GMAIL.COM, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No			S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AAMPA6327P1ZD / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 16040048220300000044 Business Source Code						
Period of Insurance	:	From: 07/11/2022 05:50:30 PM To: 06/11/2023 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-Nov-22	Agent/Bancassurance/S pecified 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
70000	12600	82600	RUPEES EIGHTY-TWO THOUSAND SIX HUNDRED ONLY	1604008122000000920 9 - 07/11/22

Money in safe (during and after business hours)		:	9900000			
Money in	Money in Till		9900000			
Sl. No.	Location & Address					
1	Premises, Bank, ALL FACTORIES, OFFICES, RESIDENCE OF ALL directors/ PARTNER / PROPRIETOR.					
2	MITTAL FIBERS, DONDAICHA ROAD,SHAHADA(425421)					

SECTIO	SECTION - 1								
SI. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)					
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds 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.	9900000	0	0					
2.	Section 1 B - Money (other than described in 1A 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	9900000	0	0					

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



3.	Section 1 C - Money (other and 1B above) collected by custody of the insured or the employee/s of the insured premises or hank within a pure 48 hours from the time of oversa	y and in the personal ne authorized whilst in transit to the period not exceeding	9900000	0	0		
Limit ov (Estima	ver the Policy period ted Annual Turnover)	: 100000000					
Ontiona	Il Covers		Sum Insured				
SRCC C			NOT OPTED	(\)			
Terroris			NOT OPTED				
			•				
Risk De				200			
1.	Maximum distance over wh	-	yed	300			
2.	Details of employees hand	ing Money		NA NA			
3.	How is money carried			IN ANY TYPE OF BAGS, TRUNKS, S			
4.	Mode of Transport	any other protection		ANY VEHICLE			
5.	Details of armed guards or			No Security			
6. 7.	Details of money kept outs Is the safe where money is		r floor	Safe Consists of Woode No	en / Steer Cuppoard		
8.	By whom are the keys held		11001		ODIZED EMDLOVE		
9.	Are all the keys removed o			BY OWNER OR AUTHORIZED EMPLOYE No			
J.	Are all the keys removed o	utside business nodis		NO			
Excess	Conditions icy shall subject to MONEY I	: Section 1 A ₹ 99,0 Section 1 B ₹ 99,00, Section 1 C ₹ 99,00,00 Section 2 ₹ 99,00,00 : 1000	000/- (99 Lakhs 000/- (99 Lakhs 00/- (99 Lakhs))			
Premium	and GST Details		Rate of Tax	Amount in INR			
Premium	,		Nate of Tax	₹ 70000.00			
SGST	•		9	6300			
CGST			9	6300			
IGST			0	0			
	ess whereof the undersigned (their) hand(s) on this 07th d		the Insurers an	d on behalf of the Insurers	has (have) hereunder		
For and on behalf of The New India Assurance Company Limited Date of Issue: 07/11/2022							
				Duly Constituted	l Attorney(s)		
	k Dt Sta			er Numberv	ride receipt		

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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: 16040022P0013556

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C