Signature Not Verified





## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

Insured's Name		:	M/S. SATYAM AGRO INDUSTRIES					
Insured's Details			Issuing Office Details					
Customer ID		:	PO66533545	Office Code		:	AURANGABAD DO-160400 (160400)	
Address		:	AT. GEORAI, DIST- BEED.431143 GEVARAI ,MAHARASHTRA, 431127	Address			AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No		:		Phone No		:	02402333572 / 02402333361	
E-mail/Fax		:	satyamcotex@gmail.com, /	E-mail/Fax			nia.160400@newindia.co.in / 02402331226	
PAN No		:		S.Tax Regn. No		:	AAACN4165CST178	
GSTIN/UIN		:	27ACPFS2996G1ZE / NA	GSTIN		:	27AAACN4165C3ZP	
		:		SAC			997139 (Other non-life insurance services	

Policy Details							
Policy Number : 16040048220300000049 Business Source Code							
Period of Insurance	:	From: 16/11/2022 03:33:38 PM To: 15/11/2023 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	:	16-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
8804	1584	10388	RUPEES TEN THOUSAND THREE HUNDRED EIGHTY-EIGHT ONLY	1604008122000000966 5 - 16/11/22

Money in safe (during and after business hours)			9800000			
Money in Till		:	9800000			
Sl. No.	Location & Address					
1	SATYAM AGRO INDUSTRIES					
	AT. GEVRAI, DIST- BEED,					
2	Bank, ALL FACTORIES, OFFICES, RESIDENCE OF ALL DIRECTOR/ PARTNER / PROPRIETOR vice varsa					

SECTION - 1								
SI. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency					
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.	9800000	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	9800000	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 page 48 hours from the time of coversa	y and in the personal ne authorized whilst in transit to the period not exceeding	9800000	0	0		
Limit o	over the Policy period ated Annual Turnover)	: 100000000					
Option	al Covers		Sum Insured	(₹)			
SRCC			NOT OPTED	.,			
Terrori	sm		NOT OPTED				
Diels D	atalla.						
Risk D	Maximum distance over wh	sich manay will be convoy	od	500	1		
2.	Details of employees hand		eu	By owner or authorized employee			
3.	How is money carried	ing Money		IN ANY TYPE OF BAGS, TRUNKS.			
4.	Mode of Transport			ANY VEHICLE PUBLIC O			
5.	Details of armed guards or	any other protection		No Security Guard			
6.	Details of money kept outs						
7.	Is the safe where money is		floor	Safe Consists of Wooden / Steel Cupboard No			
8.	By whom are the keys held			BY OWNER OR AUTHORIZED EMPLOYE			
9.	Are all the keys removed o			No			
Specia	l Conditions	: Cash Will Be Carried Radius To Insured Pro DIRECTOR/ PARTNER	emises, Bank,	r And Any Authorized Emp ALL FACTORIES, OFFICES, I DR vice versa.	loyees Within 500 KMS RESIDENCE OF ALL		
Excess	<b>3</b>	: 1000					
	olicy shall subject to MONEY II m and GST Details	NOUTAINCE POIICY Clauses	Rate of Tax	Amount in INR			
Premiu	m		riace or rax	₹ 8804.00			
SGST			9	792			
CGST			9	792			
IGST			0	0			
	ess whereof the undersigned (their) hand(s) on this 16th d		the Insurers ar	d on behalf of the Insurers	has (have) hereunder		
Date o	f Issue: 16/11/2022			For and on I			
				Duly Constituted	d Attorney(s)		
	nkDt erdt Sta			der Numberv	ide receipt		

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



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 : 16040022P0014285

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C