



POLICY SCHEDULE FOR SHOPKEEPERS INSURANCE

UIN NUMBER - IRDAN190P0128100001

Insured's Name	: REYANSH IMPEX		
Insured's Details		Issuing Office Details	
Customer ID	: POA1165184	Office Code	: DO II AURANGABAD (160500)
Address	: RADHAKISAN CHAL, MALKAPUR, BULDHANA-443101 Buldhana ,MAHARASHTRA, 443101	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD .431003 Buldhana
Phone No	:	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: naser@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAYFR0889G1ZE / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050048220600000296	Business Source Code	
Period of Insurance	: From: 05/11/2022 03:00:00 PM To: 04/11/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/IMF/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Proposal	: 05-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
6483	1166	7649	RUPEES SEVEN THOUSAND SIX HUNDRED FORTY-NINE ONLY	1605008122000000426 2 - 09/11/22
Shop Address		RADHAKISAN CHAL, MALKAPUR, BULDHANA-443101		
Nature of Business trade		NA		

Section wise Premium Details:				
Section	Decription Cover	Sum Insured	Premium(₹)	Excess
1A	Fire and allied perils-Building of Class A construction only	NOT OPTED	NOT OPTED	5 % of Claim Amount subject to a minimum of ₹ 10000
1B	Fire and allied perils-Contents Excluding Money and valuables	5000000	3250	5 % of Claim Amount subject to a minimum of ₹ 10000
2	Burglary and House breaking	5000000	3750	NIL
3A	Section 3A(Money in transit)	NOT OPTED		NIL
3B	Section 3B(Money in till or counter during business hours	NOT OPTED		NIL
3C	Money in locked safe in office outside business hours	NOT OPTED		NIL
4	Pedal Cycle	NOT OPTED	NOT OPTED	NIL
5	Plate Glass	NOT OPTED	NOT OPTED	1% of Claim Amount.
6	Neon and Glow sign	2000	17	NIL

Policy No. : 16050048220600000296 Document generated by 37671 at 09/11/2022 15:54:49 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>.



7	Baggage Insurance	2000	12	NIL
8	Personal Accident	NOT OPTED	NOT OPTED	NIL
9	Fidelity Guarantee	NOT OPTED	NOT OPTED	NIL
10A	Public Liability Insurance	50000	17.5	NIL
10B	Workmens Compensation	NOT OPTED	NOT OPTED	NIL
11	Electronic Equipment Insurance	NOT OPTED	NOT OPTED	The first 5% of Claim Amount subject to minimum of ₹2500 in respect of each and every loss.
12	Business Interruption	NOT OPTED	NOT OPTED	7 Days of Gross Profit.

Details under: Sec1B Fire and allied perils-Contents- Excluding Money and valuables			
SI No:	Item	Description	Sum Insured
1	Stock in Trade including Goods Held in Trust	All types of Mobile phone & All types Accessories	5000000
2	Furniture,Fixtures and Fittings	Fitting and Fixture, Glass Shelf Etc	0

Details under: Sec2 Burglary and Housebreaking			
SI No:	Item	Description	Sum Insured
1	1 Furniture,Fixtures and Fittings	Fitting and Fixture, Glass Shelf Etc	0
2	2 Stock in Trade including Goods Held in Trust	All types of Mobile phone & All types Accessories	5000000

Details under: Sec6 Neon Sign			
SI No	Make and Name of Manufacturer Details1 for Neon and Glow sign	Year of Manufacture for Neon and Glow sign	Sum Insured
1	nm	2020	2000

Details under: Sec7 Baggage Insurance			
SI No	Baggage in connection with trade	Personal effects of the insured /partners/Authorized employee	Sum Insured
1	2000	0	Sum Insured

Details under: Sec10A Public Liability	
	Amount
Limit of Liability	50000

Addon Covers	Sum Insured (₹)
Special Conditions	: AS PER POLICY
Excess	: 0

The Policy shall be subject to SHOPKEEPERS INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 6483.00
SGST	9	583
CGST	9	583
IGST	0	0



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 09th day of November, 2022.

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Date of Issue: 09/11/2022

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 : 16050022P0009784

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
