



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name : BI		BIJASANI GINNING & PRESSING FACTO	PRY		
Insureds Details			Issuing Office Details		
Customer ID	:	POA1120464	Office Code	:	BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	:	GUT.NO:380/2, ANORE SHIVAR AT POST ANORE, TALUKA DHARANGAON DIST JALGAON	Address	:	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
		DHARANGAON(JALGAON) ,MAHARASHTRA, 425105			
Phone No	:		Phone No	:	02402485446 / 02402484415
E-mail/Fax	:	bijasaniginning@gmail.com, /	E-mail/Fax	:	nia.160401@newindia.co.in /
PAN No	:		S.Tax Regn. No	- :	AAACN4165CST178
GSTIN/UIN	:	27AAIFB7277L1ZV / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	: 16040146220100000117		Business Source Code		
Period of Insurance	:	From: 09/11/2022 05:00:00 PM To: 08/11/2023 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	:	09-Nov-22	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	l :	kailash@jainuineinsurance.co.in, //

Financier(s) Details		
SI. No.	Name of the Financiers	
1	STATE BANK OF INDIA	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
5000	900	5900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	1604018122000000238 3 - 09/11/22
Location Details		Gut.no:380/2, Anore Shivar At post Anore, Taluka Dharangaon Dist Jalgaon (M.S) 425105		

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade				
Sl. No.	STOCK DETAILS	Sum Insured		
1	F.P Bales , Seeds etc in godown.	10000000		

Goods held in Trust / Commision				
SI. No.	GOODS HELD DETAILS Sum Insured			
1	NA	0		

Furniture / Fixture / Fittings				
SI. No.	o. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured			
1	NA	0		

Office Equipments				
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured		
1	NA	0		

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



			TA ASSU			
Coins / C	urrency notes					
SI. No.		ENC	Y/CURIOS DETAILS	Sum Insured		
1	<u> </u>		IA .	0		
Descripti	on of other item					
SI. No.		R IT	EM DETAILS	Sum Insured		
1			IA .	0		
	Add on Covers		S	Sum Insured (₹)		
Other Ex				NOT OPTED		
Theft Ext	ension			NOT OPTED		
Terrorisn	1			NOT OPTED		
Special C	Conditions	:	On Godown stock:-			
			F.P Bales , Seeds etc in godown.			
Excess		:	1000			
Premium a	and GST Details		Rate of Tax	Amount in INR		
Premium			Nace of Tax	₹ 5000.00		
SGST			9	450		
CGST			9	450		
IGST			0	0		
In witnes set his (t	s whereof the undersigned be heir) hand(s)	eing	duly authorised by the Insurers and	on behalf of the Insurers has (have) hereunder		
	9th day of November,2022.					
				For and on behalf of		
				The New India Assurance Company Limited		
Date of Is	ssue: 09/11/2022					
				Duly Constituted Attorney(s)		
Mudrank number_			lidated Stamp Fees Paid by Pay Orde uty under the Policy is ₹1/	r Numbervide receipt		

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: 16040122P0003615

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C