



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name : SOW.RAJSHRI V.BATHIYA . | | | | | | |
|--|---|---|------------------------|---|---|--|
| Insureds Details | | Insureds Details | Issuing Office Details | | | |
| Customer ID | | POA1195853 | Office Code | : | DO II AURANGABAD (160500) | |
| Address | : | GODOWN NO 1 & 2, S.NO.236, AT PARWA TQ & DIST.PARBHANI | Address | : | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD | |
| | | PARBHANI ,MAHARASHTRA, 431401 | | | ,431003 | |
| Phone No | : | | Phone No | : | 02402482688 / 02402480985 | |
| E-mail/Fax | : | Rushabjain2002@yahoo.com, / | E-mail/Fax | : | nia.160500@newindia.co.in / 02402486895 | |
| PAN No | : | | S.Tax Regn. No | | AAACN4165CST178 | |
| GSTIN/UIN | : | NA / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | |
|---|---|---|---|---|------------------------------|
| Policy Number : 16050046220100000204 Business Source Code | | | | | |
| Period of Insurance | : | From: 10/11/2022 05:09:00 PM To: 09/11/2023 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 | : | 10-Nov-22 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No : 02402350377, 9850049400 / NA | | 02402350377, 9850049400 / NA |
| Client Type | : | Non-Corporate | E-mail/Fax : kailash@jainuineinsurance.co.in, // | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--|----------|---|-------------------------------------|
| 9249 | 1664 | 10913 | RUPEES TEN THOUSAND NINE HUNDRED THIRTEEN ONLY | 1605008122000000437 2 - 11/11/22 |
| Location Details | : Sow.Rajshri v.bathiya, Godown no 1 & 2, S.no.236, a | | 236, at parwa tq & Dist.parbhani.431 | .401 |

First Loss Percentage : 25%

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|---------------|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |

| Goods held in Trust / Commision | | | | |
|---------------------------------|---|----------|--|--|
| SI. No. | GOODS HELD DETAILS Sum Insured | | | |
| 1 | all types of food grains & all types of Pulses, | 37000000 | | |

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

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

| Coins / Currency notes | | | | |
|------------------------|---|---|--|--|
| SI. No. | coins/currency/curios details Sum insured | | | |
| 1 | NA | 0 | | |

Description of other item

Policy No.: 16050046220100000204Document generated by 37671 at 11/11/2022 16:29:57 Hours.

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.pewindia.co.in/potal/policy/Seedback@n

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



| Sl. No. | OTHER ITEM DETAILS | Sum Insured |
|---------|--------------------|-------------|
| 1 | NA | 0 |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| Special Conditions | : | On stock of all types of food grains & all types of Pulses,seeds, Oil cake , Turmeric & such other goods with all types of packing material |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 9249.00 |
| SGST | 9 | 832 |
| CGST | 9 | 832 |
| 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 11th day of November, 2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 11/11/2022

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: 16050022P0009953

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C