

पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udyam Suraksha	
Policy Number: 321800112210000225	व्यवसाय स्रोत / Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 321800 कार्यालय पता/ Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 91027500000001 नाम/ Name: Jainuine insurance brokers pvt Ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: M/S LAXMI FIBERS	ग्राहक आईडी /Customer ID: 9702053818	पैन /PAN:
पता/ Address: GAT NO 201/2-A,N H NO 6 JALGAON DHULE ROAD DALVEL TH PAROLA DIST JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425113. Cell: 9893131223	फोन /Phone:	ई-मेल /E-Mail: slihindore@gmail.com

पॉलिसी: 07/11/2022 के 15:16 से 06/05/2023 की मध्य रात्रि तक प्रभावी /Policy Effective from 15:16 hours, on 07/11/2022 to midnight of 06/05/2023

प्रीमियम/ Premium	₹ 4,984.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800221107618911 Dt. 07/11/2022
SGST/UTGST	₹ 0.00		
IGST	₹ 897.00		
कम:जीएसटी टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	321800812210003913 Dt. 07/11/2022
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 1.00	पछिली पॉलिसी संख्या और समाप्ति तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
कुल /Total Amount	₹ 5,878.00		

(Rupees Five Thousand Eight Hundred Seventy Eight Only.)

Occupancy Code: 2063	Occupancy Details: Cotton Gin and Press Houses
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Total Location Sum Insured	₹ 20,00,000.00
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LocationAddress:

1)GAT NO 201/2-A, N H NO 6 JALGAON DHULE ROAD DALVEL TH PAROLA DIST JALGAON MH,,Jalgaon - District
Others,,Jalgaon,,Maharashtra,425113.

SL. No	Coverage	Coverage Description	Sum Insured
1	Basic Cover(Excluding EQ and STFI)	ALL TYPE OF PLANT & MACHINERY ,ELECTRICAL INSTALLATION ELECTRICAL INSTALLATIONS, ELECTRIC MOTORS TRANSFORMERS PERTAININT TO INSURED TRADE	20,00,000.00
	अधिक/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND ONLY.		
	Additional Information: NA		
2	Earthquake	ALL TYPE OF PLANT & MACHINERY ,ELECTRICAL INSTALLATION ELECTRICAL INSTALLATIONS, ELECTRIC MOTORS TRANSFORMERS PERTAININT TO INSURED TRADE	20,00,000.00
	अधिक/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND ONLY.		
	Additional Information: NA		
3	STFI	ALL TYPE OF PLANT & MACHINERY ,ELECTRICAL INSTALLATION ELECTRICAL INSTALLATIONS, ELECTRIC MOTORS TRANSFORMERS PERTAININT TO INSURED TRADE	20,00,000.00

पॉलिसी अनुसूची/ Policy Schedule - National Bharat Sookshma Udyam Suraksha	
Policy Number: 32180011221000225	व्यवसाय स्रोत / Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 321800 कार्यालय पता/ Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 91027500000001 नाम/ Name: Jainuine insurance brokers pvt Ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

अधिक/Excess: Compulsory Excess: ₹ 10,000.00, TEN THOUSAND ONLY.			
Additional Information: NA			
4	Terrorism	ALL TYPE OF PLANT & MACHINERY ,ELECTRICAL INSTALLATION ELECTRICAL INSTALLATIONS, ELECTRIC MOTORS TRANSFORMERS PERTAININT TO INSURED TRADE	20,00,000.00
अधिक/Excess: 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and Maximum of INR 25,00,000			
Additional Information: NA			

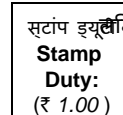
Cluses	As per Annexure I
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FINANCIER DETAILS			
Sr.No	Type of Finance	Name of Financier	Address
1	Hypothecation	BANK OF MAHARASHTRA	JALGAON

टिप्पणियां/ Remarks: BASIC COVER, EQ, STFI, TERRORISM ALL TYPE OF PLANT & MACHINERY ,ELECTRICAL INSTALLATION ELECTRICAL INSTALLATIONS, ELECTRIC MOTORS TRANSFORMERS PERTAININT TO INSURED TRADE AGREED BANK CLAUSE
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जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत कया जा रहा है उसके हाथ नरिधारति कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमकता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 07/November/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्सइंडियालिमिटेड



कृते नेशनल इंश्योरेन्स कंपनी
**For and on behalf of National Insurance
Company Limited**

अधिकृत हस्ताक्षरकर्ता/ **Authorized
Signatory**

TAX INVOICE

Invoice Serial No: 30878F2P00000225

Invoice Date: 07/11/2022

Details of Supplier:

National Insurance Company Limited.,
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001
State : 23 , Madhya Pradesh
GSTIN No : 23AAACN9967E1ZB

Details Of Receiver : M/S LAXMI FIBERS

Address : GAT NO 201/2-A,N H NO 6 JALGAON DHULE ROAD DALVEL TH PAROLA DIST JALGAON MH
City : JALGAON - DISTRICT OTHERS,
District: JALGAON,
State: MAHARASHTRA,
PIN: 425113.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AWMPP3805G1ZC

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	4,984	0%	4,984	0%	0	0%	0	18%	897	0
TOTAL		4,984		4,984		0		0		897	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 5,878

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Five Thousand Eight Hundred Seventy Eight
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

