| पॉलिसी अनुसूची/ Policy Schedule - Money Inst                                | urance  |  |  |  |
|---|---|--|--|--|
| Policy Number:<br>321800592210000236  | व्यवसाय स्त्रोत /Business Source: 910275                        |  |  |  |
|   | विक्रय चैनल विवरण/ <b>Sales Channel</b> Code:<br>91027500000001 |  |  |  |
| जारीकर्ता कार्यालय/Issuing Office   | नाम /Name: Jainuine insurance brokers pvt                       |  |  |  |
| कार्यालय कोड /Office Code: 321800   | Itd - Indore Contact Number: 9893131223                         |  |  |  |
| कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,, | सह दलाल कोड / Co Broker Code:                                   |  |  |  |
| - 455001.<br>State Code: 23 , Madhya Pradesh                                | कस्टमर केयर टॉल फ्री नंबर/Customer                              |  |  |  |
| <b>GSTIN</b> : 23AAACN9967E1ZB  | Care Toll Free Number:  |  |  |  |
| Contact Number: 7272 250074  Mobile Number:                                 | 1800 345 0330   |  |  |  |
| Model Hallidge.   | ईमेल/   |  |  |  |
|   | email:customer.support@nic.co.in                                |  |  |  |

| ग्राहक का नाम /Customer Name: M/S LAXMI FIBERS   | ग्राहक आईडी /Customer ID:<br>9702053851 | पैन /PAN: |  |
|--|---|-----------|--|
| पता/ Address: GAT NO 726 KANALDA ROAD AVHANE TALUKA  | फोन /Phone:                             |           |  |
| DIST JALGAON 425002<br>, City: JALGAON, District: JALGAON, State: MAHARASHTRA, PIN:<br>425002.<br>Cell: 9893131223 | ई-मेल /E-Mail: slibindore@gmail.c       | com       |  |

| प्रीमयिम/ Premium  | ₹ 6,750.00 | कवर नोट संख्या और तथि 7 Cover<br>Note Number and Date                                | लागू नहीं/NA                      |  |  |
|--|------------|--|-----------------------------------|--|--|
| CGST   | ₹ 0.00     |  |                                   |  |  |
| SGST/UTGST   | ₹ 0.00     |  |                                   |  |  |
| IGST   | ₹ 1,215.00 | प्रस्ताव संख्या और तथि। Proposal   | 8800221110632405 Dt. 10/11/2022   |  |  |
| कम:जीएसटी_टीडीएस /<br>Less:GST_TDS                           | ₹ 0.00     | Number and Date  |                                   |  |  |
| नर्प्राप्ति योग्य स्टाम्प<br>इयूटी<br>Recoverable Stamp Duty | ₹ 0.00     | रसीद संख्या और तथि/िReceipt<br>Number and Date                                       | 321800812210003914 Dt. 07/11/2022 |  |  |
| कुल /Total Amount  | ₹ 7,965.00 | पछिली पॉलिसी संख्या और समाप्ती<br>तथि7ि<br>Previous Policy Number and<br>Expiry Date | लागू नहीं/NA                      |  |  |

| Money in Transit              |  |   |                                     |  |  |  |  |
|-------------------------------|--|---|-------------------------------------|--|--|--|--|
| Section I                     | Description  | Limit of liability for<br>Any one Loss(₹) | Estimated Annual Carrying Amount(₹) |  |  |  |  |
| Sec I - B ( Money in Transit) | MONEY TRANSIT FOR INSURED PREMISES /RESIDENCE TO BANK/PO,AT VARIOUS DISTRUBUTOR /SHOPKEEPR AND VICEVERSA | 50,00,000.00                              | 10,00,00,000.00                     |  |  |  |  |
| Sec I - A (Wages in Transit)  | FROM BANK/PO TO INSURED PREMISES AND VICEVERSA   | 5,00,000.00                               | 50,00,000.00                        |  |  |  |  |

| Money in Safe / Counter |   |                       |                |  |  |  |
|-------------------------|---|-----------------------|----------------|--|--|--|
| Section II              | Description   | Identification Number | Sum Insured(₹) |  |  |  |
| Safe Details            | INSURED PREMISES RESID ADD SURVEY NO 7040/2 LAXMI NIWAS OPP MAHESH PRAGATI HALL NEAR RAJAS HOSPITAL RING ROAD JALGAON 425001 MH | N/A                   | 50,00,000.00   |  |  |  |

| Additional Covers   |  |                 |    |  |  |  |  |  |
|---|--|-----------------|----|--|--|--|--|--|
| Assault Risks (No. of person) NA Riot and Strike Extension No |  |                 |    |  |  |  |  |  |
| Assault Risk Sum insured per person(₹)                        |  | Terrorism       | No |  |  |  |  |  |
|   |  | Infidelity risk | No |  |  |  |  |  |

परमाण-पतर /Certificate- Money Insurance पॉलिसी संखया/Policy Number: व्यवसाय सृत्रोत /Business Source: 910275 321800592210000236 विक्रय चैनल विवरण/Sales Channel Details विक्रय चैनल विवरण/ Sales Channel Code: जारीकर्ता कार्यालय/Issuing Office 91027500000001 कार्यालय कोड /Office Code: 321800 नाम/ Name: Jainuine insurance brokers pvt Itd - Indore कारयालय पता /Office Address: DEWAS Contact Number: 9893131223 DIVISION 2-TARANI COLONY, A.B ROAD,, 455001. कस्टमर केयर टॉल फ्री नंबर/Customer State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB **Care Toll Free Number:** Contact Number: 7272 250074 1800 345 0330 Mobile Number: email:customer.support@nic.co.in

## Note:

Section IA: Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insured's 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

Section IB: Money (other than described in IA 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

Section II: Cash (other than described in section IA above) whilst on the premises during business hours or whilst secured in locked safe or locked strong room on the Insured's premises out of business hours against the risk of burglary, housebreaking and hold-up

जिसकी गवाही में दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए 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 पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिता निरस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 10/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'

इंश्योरेन्सइंडयालिमिटिंड

कृते नेशनल इन्श्योरेन्स कंपनी
स्टांप इय्**ढ**िनिटिड/ For and on behalf of National Insurance
Stamp
Duty:
(₹ 0.50)

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

## **TAX INVOICE**

Invoice Serial No: 30878O2P00000236 Invoice Date: 10/11/2022

**Details of Supplier:** 

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

23, Madhya Pradesh State: GSTIN No: 23AAACN9967E1ZB

Details Of Receiver: M/S LAXMI FIBERS
Address: GAT NO 726 KANALDA ROAD AVHANE TALUKA DIST JALGAON 425002 Address:

City: JALGAON, District: JALGAON, State: MAHARASHTRA,

PIN: 425002.

Place Of Supply State: Maharashtra

State Code:

27AWMPP3805G1ZC GSTIN No:

| सैवा का<br>विवरण/<br>SAC Code<br>Descripti<br>on of<br>Service | वविरण/<br>Descripti  | कुल/Total(<br>ह) Discou मूल्य/Taxa |    | टैक्स योग्य/<br>मूल्य/Taxable | सीजीएसटी की राशि<br>CGST |                         | एसजीएसटी/यूटीजीएसटी/<br>SGST/UTGST |                       | आईजीएसटी/I <b>GST</b> |                         | केरला बाढ़<br>उपकर/Kerala<br>Flood Cess |
|--|--|------------------------------------|----|-------------------------------|--------------------------|-------------------------|------------------------------------|-----------------------|-----------------------|-------------------------|---|
|  |  |                                    | nt | Value(₹)                      | दर/Rate                  | राशा∕ि<br>Amount(<br>₹) | दर/Rate                            | राशि<br>Amount(<br>₹) | दर/Rate               | राशा∕ि<br>Amount(<br>₹) | राशा/Amount(<br>₹)                      |
| 997139   | Other non-<br>life<br>insurance<br>services<br>(excluding<br>reinsuranc<br>e services) | 6,750                              | 0% | 6,750                         | 0%                       | 0                       | 0%                                 | 0                     | 18%                   | 1,215                   | 0                                       |
| TOTAL  |  | 6,750                              |    | 6,750                         |                          | 0                       |                                    | 0                     |                       | 1,215                   | 0                                       |

कुल इनवॉयस मूल्य (अंकों में )Total Invoice Value (In figures) :

₹7,965

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

**Seven Thousand Nine Hundred Sixty Five** 

केवल/Only.

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

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

