Signature Not Verified





## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	LAXMINARAYAN FIBER PVT LTD					
		Insured's Details	Issuing Office Details				
Customer ID	:	PO93653702 Office Code		:	AURANGABAD DO-160400 (160400)		
Address	:	GUT NO.275 & 276, HELESWADI, AT MANTHA DIST JALNA	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005		
		MANTHA ,MAHARASHTRA, 431504					
Phone No	:		Phone No	:	02402333572 / 02402333361		
E-mail/Fax	:	laxminarayanfiber@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	27AACCL2664G1ZJ / NA	GSTIN	:	27AAACN4165C3ZP		
	:		SAC	:	997139 (Other non-life insurance service: excl RI)		

Policy Details							
Policy Number	:	16040048220300000077	Business Source Code				
Period of Insurance	:	From: 14/12/2022 03:44:30 PM To: 13/12/2023 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	:	14-Dec-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
22000	3960	25960	RUPEES TWENTY-FIVE THOUSAND NINE HUNDRED SIXTY ONLY	1604008122000001120 4 - 14/12/22

Money in safe (during and after business hours)		:	10000000
Money in Till		:	10000000
SI. No.	Location & Address		
1	Laxminarayan Fiber Pvt Ltd,		
Gut No.275 & 276, Heleswadi, At Mantha Dist Jalna		Gut No.275 & 276, Heleswadi, At Mantha Dist Jalna	
2			FACTORY,BANKS,OFFICE,RESIDENCE OF ALL PARTNER

SECTIO	N - 1			
SI. No.	Sub Sections		Single Carrying Limits for - Foreign Currency	
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds 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.	10000000	0	0

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



2.	Section 1 B - Money (other than described in 1A 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	10000000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa	10000000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	250000000
(Estimated Annual Turnover)	i I	

Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk I	Details	
1.	Maximum distance over which money will be conveyed	500
2.	Details of employees handling Money	By owner or authorized employee
3.	How is money carried	BAGS, TRUNKS, SUITCASE WITH
4.	Mode of Transport	PUBLIC OR PRIVATE OR
5.	Details of armed guards or any other protection	No Security Guard
6.	Details of money kept outside business hours	Safe Consists of Wooden / Steel Cupboard.
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	BY OWNER OR AUTHORIZED EMPLOYE
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section   A ₹ 100,00,000/- (100 Lakhs)
		Section   B ₹ 100,00,000/- (100 Lakhs)
		Section   C ₹ 100,00,000/- (100 Lakhs)
		Section    ₹ 100,00,000/- (100 Lakhs)
Excess	:	1000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

### **Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 22000.00
SGST	9	1980
CGST	9	1980
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 14th day of December,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 14/12/2022

Duly Constituted Attorney(s)

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



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: 16040022P0016565

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C