



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

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|-------------------------|--|-------------------------------|--|
| Insured's Name | : P.D. SEKHSARIA TRADING CO . PVT LTD | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : POA1836039 | Office Code | : BRANCH AURANGABAD AUTO TIE-UP (160401) |
| Address | : 198, FIRST FLOOR, YASEEN COMPLEX, T.V.SAMY ROAD, R.S.PURAM, COIMBATORE COIMBATORE ,TAMIL NADU, 641002 | Address | : THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003 |
| Phone No | : | Phone No | : 02402485446 / 02402484415 |
| E-mail/Fax | : trade@pdst.in, / | E-mail/Fax | : nia.160401@newindia.co.in / |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 33AABCP1720E1Z4 / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|---|---|---|
| Policy Details | | | |
| Policy Number | : 16040146220100000129 | Business Source Code | |
| Period of Insurance | : From: 09/12/2022 06:17:24 PM To: 08/03/2023 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-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 |
| 10854 | 1954 | 12809 | RUPEES TWELVE THOUSAND EIGHT HUNDRED NINE ONLY | 1604018122000000283 5 - 12/12/22 |
| Location Details | | : National Commodities Management Service Ltd, SF NO 301/2B2, Sillanatham Village, Ottapidaram taluk, | | |

| | |
|------------------------------|------|
| First Loss Percentage | : NA |
|------------------------------|------|

Details of assets covered under the Policy

| | | |
|------------------------|--|--------------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | On stock of Imported Raw Cotton stored in godown | 43400000 |

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

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

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

| | | |
|-------------------------------|--------------------------------------|--------------------|
| Coins / Currency notes | | |
| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |
| 1 | NA | 0 |

| |
|----------------------------------|
| Description of other item |
|----------------------------------|



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

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | 43400000 |
| Terrorism | NOT OPTED |

| | | |
|--------------------|---|---|
| Special Conditions | : | In the Godown of National Commodities Management Service Ltd, SF NO 301/2B2, Sillanatham Village, Ottapidaram taluk, Tuticorin 628401 |
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 10854.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 1954 |

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 12th day of December,2022.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 12/12/2022

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 : 16040122P0004357

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C