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| पॉलिसी अनुसूची/ Policy Schedule - Money Insurance  |  |
| <b>Policy Number:</b><br><b>321800592210000256</b>   | व्यवसाय स्रोत /Business Source: 910275   |
| जारीकर्ता कार्यालय/Issuing Office<br>कार्यालय कोड /Office Code: 321800<br>कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,,<br>- 455001.<br>State Code: 23 , Madhya Pradesh<br>GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | विक्रय चैनल वविरण/Sales Channel Code:<br>91027500000001<br>नाम /Name: Jainuine insurance brokers pvt<br>ltd - Indore Contact Number: 9893131223<br>सह दलाल कोड / Co Broker Code: |
|  | कस्टमर केयर टॉल फ्री नंबर/Customer<br>Care Toll Free Number:<br><b>1800 345 0330</b><br>ईमेल/<br>email:customer.support@nic.co.in  |

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|--|---|-------------------------------------|
| ग्राहक का नाम /Customer Name: MR MAHAVEER GINNING<br>FACTORY   | ग्राहक आईडी /Customer ID:<br>9556165020 | पैन /PAN: AAKPL9085A                |
| पता/ Address: GAT NO 96 AT DHOTRA POST CHOUSALA DIST<br>BEED<br>, City: BEED, District: BEED, State: MAHARASHTRA, PIN: 431122.<br>Cell: 9893131223 | फोन /Phone:                             | ई-मेल /E-Mail: slibindore@gmail.com |

|   |                    |   |                                      |
|---|--------------------|---|--------------------------------------|
| पॉलिसी: 06/12/2022 के 18:00 से 05/12/2023 की मध्य रात्रतिक प्रभावी /Policy Effective from 18:00 hours, on 06/12/2022 to<br>midnight of 05/12/2023 |                    |   |                                      |
| प्रीमियम/ Premium   | ₹ 16,000.00        | कवर नोट संख्या और तथि/ Cover<br>Note Number and Date                                | लागू नहीं/NA                         |
| CGST  | ₹ 0.00             | प्रस्ताव संख्या और तथि/Proposal<br>Number and Date                                  | 8800221207759688 Dt. 07/12/2022      |
| SGST/UTGST  | ₹ 0.00             |   |                                      |
| IGST  | ₹ 2,880.00         |   |                                      |
| कम:जीएसटी_टीडीएस /<br>Less:GST_TDS  | ₹ 0.00             |   |                                      |
| पुनर्प्राप्त योग्य स्टाम्प<br>ड्यूटी<br>/Recoverable Stamp Duty   | ₹ 0.00             | रसीद संख्या और तथि/Receipt<br>Number and Date                                       | 321800812210004489 Dt. 07/12/2022    |
| <b>कुल /Total Amount</b>  | <b>₹ 18,881.00</b> | पछिली पॉलिसी संख्या और समाप्ती<br>तथि/<br>Previous Policy Number and<br>Expiry Date | 321800592110000191 and Dt.27/10/2022 |
| (Rupees Eighteen Thousand Eight Hundred Eighty One Only.)   |                    |   |                                      |

| Money in Transit                 |   |   |                                     |
|----------------------------------|---|---|-------------------------------------|
| Section I                        | Description   | Limit of liability for<br>Any one Loss(₹) | Estimated Annual Carrying Amount(₹) |
| Sec I - B ( Money in<br>Transit) | MONEY(OTHER THAN DESCRIBED<br>IN ITEM A ABOVE) IN TRANSIT<br>FROM TO INSURED<br>PREMISES/BANK/PO ANY OTHER<br>SPECIFIED PREMISES  | 50,00,000.00                              | 20,00,00,000.00                     |
| Sec I - A (Wages in<br>Transit)  | MONEY FOR PAYMENT OF<br>WAGES,SALARIES AND OTHER<br>EARNINGS OR FOR PETTY CASH<br>IN DIRECT TRANSIT FORM THE<br>BANK TO THE INSUREDS<br>PREMISES FROM THE TIME THE<br>MONEY IS RECEIVED AT THE BANK | 5,00,000.00                               | 50,00,000.00                        |

| Money in Safe / Counter |   |                       |                |
|-------------------------|---|-----------------------|----------------|
| Section II              | Description   | Identification Number | Sum Insured(₹) |
| Safe Details            | FACTORY PREMISES AND RESI<br>OF ALL OWNER<br>FACTORY PREMISES AND RESI<br>OF ALL OWNER NEW MAL MATTA<br>NO 917,918 OLD MALMATTA<br>CHAUSALA BEEDS MS 431126 | N/A                   | 50,00,000.00   |

| Additional Covers |  |  |  |
|-------------------|--|--|--|
|-------------------|--|--|--|

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|---|---|
| प्रमाण-पत्र /Certificate- Money Insurance   |   |
| पॉलिसी संख्या/ <b>Policy Number:</b><br><b>321800592210000256</b>   | व्यवसाय स्रोत /Business Source: 910275  |
| जारीकर्ता कार्यालय/ <b>Issuing Office</b><br>कार्यालय कोड /Office Code: 321800<br>कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,,<br>- 455001.<br>State Code: 23 , Madhya Pradesh<br><b>GSTIN:</b> 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | विक्रय चैनल विवरण/ <b>Sales Channel Details</b><br>विक्रय चैनल विवरण/ Sales Channel Code:<br>91027500000001<br>नाम/ Name: Jainuine insurance brokers pvt<br>Ltd - Indore<br>Contact Number: 9893131223<br><br>कस्टमर केयर टॉल फ्री नंबर/ <b>Customer<br/>Care Toll Free Number:</b><br><b>1800 345 0330</b><br>ईमेल/<br><b>email:customer.support@nic.co.in</b> |

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

**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

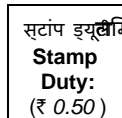
**Section IB:** Money (other than described in IA above) in the personal custody of the Insured or the authorized employee/s of the Insured whilst in direct transit between the premises and the bank or post office and vice versa

**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

टिप्पणियां/ **Remarks:** RISK COVERED: FACTORY , OFFICE , BANKS, ALL RESIDENCE OF ALL PARTNER/PROPRIETOR . VICE VERSA WITH IN 500 KM RADIUS, BY OWNER OR AUTHORIZED EMPLOYEE , IN ANY TYPE OF BAGS , TRUNKS , IN ANY VEHICLE PUBLICS , PRIVATE , SAFE CONSISTS OF WOODEN / STEEL CUPBOARD, WITH OR WITHOUT SECURITY GARD.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कया जा रहा है उसके हाथ नर्धारति 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 अभवियक्तजसिके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वासन दयाि जाता है कि प्रीमियम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकित्ता नरिसुत हो जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 07/December/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'**

इंश्योरेन्सइंडियलमिडिड Ombudsman Details: Office of the Insurance  
Ombudsman,Janak Vihar Comp lex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel  
Office, Near New Market, Bhopal - 462 003.  
Tel.: 0755 - 2769201 / 2769202  
Email l: bimalokpal.bhopal@cioins.co.in



कृते नेशनल इन्श्योरेन्स कंपनी  
For and on behalf of **National Insurance  
Company Limited**  
अधकृत हस्तात्क्षरकर्ता/ **Authorized  
Signatory**

**TAX INVOICE**

Invoice Serial No: 30878O2P00000256

Invoice Date: 07/12/2022

**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 : MR MAHAVEER GINNING FACTORY**

Address : GAT NO 96 AT DHOTRA POST CHOUSALA DIST BEED  
City : BEED,  
District: BEED,  
State: MAHARASHTRA,  
PIN: 431122.

Place Of Supply State : Maharashtra  
State Code : 27  
GSTIN No : 27AAKPL9085A1ZJ

| सैक कोड/<br>SAC Code | सेवा का<br>विवरण/<br>Description of<br>Service                     | कुल/Total(<br>₹) | छूट/<br>Discount | टैक्स योग्य/<br>मूल्य/Taxable<br>Value(₹) | सीजीएसटी की राशि/<br>CGST |                        | एसजीएसटी/यूटीजीएसटी/<br>SGST/UTGST |                        | आईजीएसटी/IGST |                        | केरला बाढ़<br>उपकर/Kerala<br>Flood Cess |
|----------------------|--|------------------|------------------|---|---------------------------|------------------------|------------------------------------|------------------------|---------------|------------------------|---|
|                      |  |                  |                  |   | दर/Rate                   | राशि/<br>Amount(<br>₹) | दर/Rate                            | राशि/<br>Amount(<br>₹) | दर/Rate       | राशि/<br>Amount(<br>₹) | राशि/Amount(<br>₹)                      |
| 997139               | Other non-life insurance services (excluding reinsurance services) | 16,000           | 0%               | 16,000                                    | 0%                        | 0                      | 0%                                 | 0                      | 18%           | 2,880                  | 0                                       |
| <b>TOTAL</b>         |  | 16,000           |                  | 16,000                                    |                           | 0                      |                                    | 0                      |               | 2,880                  | 0                                       |

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :  
₹ 18,881

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees  
Eighteen Thousand Eight Hundred Eighty One  
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

