



## POLICY SCHEDULE FOR PLATE GLASS (Stand Alone) INSURANCE

## UIN NUMBER - IRDAN190P0188V01100001

Insured's Name	:	M/S MILLENNIUM BOARDS PRIVATE	LIMITED			
	Insured's Details		Issuing Office Details			
Customer ID	:	PO93755014 Office Code		:	AHMEDNAGAR D.O. 151800 (151800)	
Address	:	PLOT NO. B-16, MIDC TEMBHURNI, TAL. MHADA, DISTRICT SOLAPUR, 413211, SOLAPUR, MAHARASHTRA TEMBHURNI (SOLAPUR) ,MAHARASHTRA, 413211	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
Phone No	:	XXXXXX8406	Phone No	:	02412321538 / 02412329761	
E-mail/Fax	:	shubhangi@amazonwood.in, /	E-mail/Fax	:	nia.151800@newindia.co.in / 02412341439	
PAN No	:	AAHCM2916R	S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AAHCM2916R1ZV / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	< <branch_sac>&gt;</branch_sac>	

Policy Details							
Policy Number : 15180046221900000014 Business Source Code							
Period of Insurance	:	From: 22/12/2022 04:36:50 PM To: 21/12/2023 11:59:59 PM	Dev.Off.   Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Agent/Web   Jainuine Insurance Brokers Pvt. Ltd (DA3088757) Jainuine Insurance Brokers Pvt. Ltd (SI00028623),				
Date of Proposal	:	22-Dec-22	Agent/Bancassurance/S pecified Person	:			
Prev. Policy no.	:	14230046211900000002	Phone No	:	02402350377, 9850049400 / NA		
Client Type	:	Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //		

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
2400	432	2832	RUPEES TWO THOUSAND EIGHT HUNDRED THIRTY-TWO ONLY	1518008122000001040 3 - 30/12/22

Address of Location where Plate Glass is fixed			PLOT NO.B-16,MIDC TEMBHURNI, TAL.MHADA, DISTRICT SOLAPUR,413211, MAHARASHTRA			
Sl. No.	Descript	tion of Plate Glass covered		Dimension of Plate Glass	Value of the Plate Glass	
1	PLATE GLASS(87 N	NO. OF QUANTITY)AS PER ANNEX	URE	87	1200000	

Special Cover	Sum Insured (₹)		
Terrorism	NOT OPTED		

Special Conditions		EXCESS-Flat ₹ 500/-, SEPARATE SHEET FOR SIZE OF GLASS IS ATTACHED HEREWITH		
Excess	:	500		

The Policy shall be subject to PLATE GLASS INSURANCE Policy clauses attached herewith.

## Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹2400
SGST	9	216
CGST	9	216
IGST	0	0

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



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 30th day of December,2022.

Date of Issue: 30/1	2/2022		For and on behalf of The New India Assurance Company Limited		
		Duly Cor	nstituted Attorney(s)		
Mudrankc	Dt lt	consolidated Stamp Fees Paid by Pay Order Number	vide receipt		
Stamp Duty under t	he Policy is	₹			

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: 15180022E0013475

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C