



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | D T CHEM INDIA LLP | | | | |
|------------------|---|---|----------------|------------------------|--|--|
| Insureds Details | | | | Issuing Office Details | | |
| Customer ID | : | PO94286954 | Office Code | : | DO II AURANGABAD (160500) | |
| Address | : | PLOT NO 100 "MANUPRABHA" GURUSAHANI NAGAR N-4, CIDCO AURANGABAD STATE MAHARASHTRA 431003 AURANGABAD(MA) ,MAHARASHTRA, 431003 | Address | : | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003 | |
| Phone No | : | | Phone No | : | 02402482688 / 02402480985 | |
| E-mail/Fax | : | naser@jainuineinsurance.co.in, / | E-mail/Fax | : | nia.160500@newindia.co.in / 02402486895 | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27AATFD2130R1ZW / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |
| | | Polic | y Details | | | |

| | | | Policy I | Details | | | |
|---|---|--|----------|---|---|--------------------------------------|--|
| Policy Number : 16050046220100000263 | | | | Business Source Code | | | |
| Period of Insurance | : | From: 06/01/2023 1 05/02/2023 11:59:5 | 9 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User | : | (DA3388757) | urance Brokers Pvt. Ltd rance Brokers Pvt.Ltd |
| Date of Proposal | : | 06-Jan-23 | | Agent/Bancassurance/S pecified Person | : | | |
| Prev. Policy no. | : | : | | Phone No | : | 02402350377, 9850049400 / NA | |
| Client Type | : | : Non-Corporate E-r | | E-mail/Fax | : | kailash@jainuineinsurance.co.in, / / | |
| Promium(7) CCT(7) Total(7) Total (7 in words) Possint No. 6. Data | | | | | | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | | |
|------------------|--|---------------------------------------|--------------------|-------------------------------------|--|--|
| 595 | 108 | 704 RUPEES SEVEN HUNDRED FOUR ONLY | | 1605008122000000569 1 - 09/01/23 | | |
| Location Details | : HP Logistics, Building No.A11,Gala No.5&6,Prerna Complex, Village Bhiwandi, Thane | | | | | |

First Loss Percentage

Details of assets covered under the Policy

: NA

| Stocks in | Trade | | | | | |
|---------------------------------|--|-------------|--|--|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | | | |
| 1 | Citric Acid Mono, Phosphoric Acid Food, Phosphoric Acid Tech | 500000 | | | | |
| Goods held in Trust / Commision | | | | | | |
| SI. No. | GOODS HELD DETAILS | Sum Insured | | | | |
| 1 | NA 0 | | | | | |
| Furniture / Fixture / Fittings | | | | | | |
| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured | | | | |
| 1 | NA 0 | | | | | |
| Office Eq | uipments | | | | | |
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured | | | | |
| 1 | NA | 0 | | | | |
| Coins / C | urrency notes | | | | | |
| SI. No. | COINS/CURRENCY/CURIOS DETAILS Sum Insured | | | | | |
| 1 | NA 0 | | | | | |

Policy No. : 16050046220100000263Document generated by 37671 at 09/01/2023 12:53:04 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any,you may approach any one of the following offices-1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



| Descript | ion of other item | | | | | |
|-----------------|--------------------|---|-----------|-----------------|--|--|
| SI. No. | OTHER ITEM DETAILS | | | Sum Insured | | |
| 1 | | Ν | NA | 0 | | |
| | Add on Covers | | | Sum Insured (₹) | | |
| Other Extension | | | NOT OPTED | | | |
| Theft Extension | | | | NOT OPTED | | |
| Terrorism | | | | NOT OPTED | | |
| GI | | On stock of Citric Acid Mono,Phosphoric Acid Food,Phosphoric Acid Tech Slycerin and all types of chemicals in Powder, granules, liquid form. Godown / & or Varehouse. | | | | |
| Excess | | : | 1000 | | | |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 595.00 |
| SGST | 9 | 54 |
| CGST | 9 | 54 |
| 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 09th day of January,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 09/01/2023

Duly Constituted Attorney(s)

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receiptnumber_____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 : 16050022P0012887

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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