पॉलिसी अनुसूची/ Policy Schedule - Money Insurance							
Policy Number: 321800592210000309	व्यवसाय स्त्रोत /Business Source: 910275						
	विक्रय चैनल विवरण/ Sales Channel Code: 91027500000001						
जारीकर्ता कार्यालय/ Issuing Office	नाम /Name: Jainuine insurance brokers pvt						
कार्यालय कोड /Office Code: 321800	Itd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:						
कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,,							
- 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	कस्टमर केयर टॉल फ्री नंबर∕Customer Care Toll Free Number: 1800 345 0330						
	ईमेल/						
	email:customer.support@nic.co.in						

ग्राहक का नाम /Customer Name: M/S SIDDHIVINAYAK GINNING PRESSING	ग्राहक आईडी /Customer ID: 9701935460	पैन /PAN: ACCFS4857R		
पता/ Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST	फोन /Phone:			
JALGAON MH, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893131223	ई-मेल /E-Mail: slibindore@gmail.com			

पॉलिसी: 31/01/2023 के 13:00 midnight of 30/01/2024	से 30/01/2024 की मध	य्य रात्रि तक प्रभावी /Policy Effecti	ve from 13:00 hours, on 31/01/2023 to		
प्रीमयिम/ Premium	₹ 20,000.00	कवर नोट संख्या और तथि ि Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00				
SGST/UTGST	₹ 0.00	. " ~~			
IGST	₹ 3,600.00	प्रस्ताव संख्या और तथि। Proposal	8800230131019876 Dt. 31/01/2023		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
पुनर्प्राप्ति योग्य स्टाम्प इयूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथिि/Receipt Number and Date	321800812210005571 Dt. 31/01/2023		
कुल /Total Amount	₹ 23,601.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	लागू नहीं/NA		

Money in Transit							
Section I	Description	Limit of liability for Any one Loss(₹)	Estimated Annual Carrying Amount(₹)				
Sec I - B (Money in Transit)	MONEY TRANSIT FOR INSURED PREMISES /RESIDENCE TO BANK/PO,AT VARIOUS DISTRUBUTOR /SHOPKEEPR AND VICEVERSA	1,00,00,000.00	30,00,00,000.00				
Sec I - A (Wages in Transit)	FROM BANK/PO TO INSURED PREMISES AND VICEVERSA	10,00,000.00	1,00,00,000.00				

Money in Safe / Counter						
Section II	Description	Identification Number	Sum Insured(₹)			
Safe Details	INSURED PREMISES & RESIDENCE FACTORY PREMISES & RESI PLOT NO 6 & 7 AGRESEN NAGAR SHIRPUR ROAD CHOPDA DIST JALGAON MS	N/A	1,00,00,000.00			

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

परमाण-पतर /Certificate- Money Insurance पॉलिसी संखया/Policy Number: व्यवसाय सृत्रोत /Business Source: 910275 321800592210000309 विक्रिय चैनल विवरण/Sales Channel Details विक्रिय चैनल विवरण/ Sales Channel Code: जारीकर्ता कार्यालय/Issuing Office 91027500000001 कार्यालय कोड /Office Code: 321800 नाम/Name: Jainuine insurance brokers pvt Itd - Indore कारयालय पता /Office Address: DEWAS Contact Number: 9893131223 DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. कस्टमर केयर टॉल फ्री नंबर/Customer State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB **Care Toll Free Number:** Contact Number: 7272 250074 1800 345 0330 Mobile Number: email:customer.support@nic.co.in

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

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उललेखित कार्यालय पते पर अधोहसताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलगन पॉलिसी, खणड, पृषठांकन और पॉलिसी शबदों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसिके लिए यह वशिषिट अर्थ पॉलिसी या अनुसूची के किसी भी हिससे में संलगन किया गया हो, एक ही अरथ वहन करेगा चाहे जहाँ भी उललेखित हो। यह आशवासन दिया जाता है कि पिरीमयिम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिस्त हो जाएगी। /**IN WITNESS WHEREOF**, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 31/January/2023. 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'

इंश्योरेन्सइंडयालमिटिंड

Stamp Duty: (₹ 0.50)

कृते नेशनल इन्श्योरेन्स कंपनी स्टांप इयु**ले**मिटिंड/ For and on behalf of National Insurance Company Limited

> अधिकृत हस्तातुक्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30878O2P00000309 Invoice Date: 31/01/2023

Details of Supplier:

National Insurance Company Limited.,

DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001

23, Madhya Pradesh State: 23AAACN9967E1ZB GSTIN No:

Details Of Receiver: M/S SIDDHIVINAYAK GINNING PRESSING
Address: GAT NO 746/2 VIRWADA RD TAL CHOPDA DIST JALGAON MH

City: JALGAON - DISTRICT OTHERS,

District: JALGAON, State: MAHARASHTRA, PIN: 425107.

Maharashtra Place Of Supply State:

State Code:

27ACCFS4857R1Z8 GSTIN No:

सैक कोड/ SAC Code	SAC Code Descripti ₹)	छूट/ Discou nt	ou मूल्य/Taxable	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess	
	on of Service	on of Service	Tit Value(3	Value(₹)	दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	20,000	0%	20,000	0%	0	0%	0	18%	3,600	0
TOTAL		20,000		20,000		0		0		3,600	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

Twenty Three Thousand Six Hundred One

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

