



MACHINERY INSURANCE POLICY

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|--------------------------|--|-------------------------------|--|
| Insured's Name | : VARDHMAN COTFIBERS | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO95131536 | Office Code | : AURANGABAD DO-160400 (160400) |
| Address | : 370-1/2, GAUL JOSHI ROAD, CHHAIGAON DEVI, KHANDWA, DIST. KHANDWA CHHEGAON MAKHAN ,MADHYA PRADESH, 450771 | Address | : AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | Phone No | : 02402333572 / 02402333361 |
| E-mail/Fax | : vardhmancotfibers@gmail.com, / | E-mail/Fax | : nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 23AAQFV8661G1ZO / NA | GSTIN | : 27AAACN4165C3ZP |
| | : | SAC | : 997137 (Other property insurance services) |

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|----------------------------|---|--|---|
| Policy Details | | | |
| Policy Number | : 16040044225100000031 | Business Source Code | |
| Period of Insurance | : From:18/02/2023 12:00:01 AM To: 17/02/2024 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent | : Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623), |
| Date of Proposal | : 18-Feb-23 | Agent/Bancassurance/CPS C User | : |
| Prev. Policy no. | : | Phone No | : 02402350377, 9850049400 / NA |
| Client Type | : Non-Corporate | E-mail/Fax | : kailash@jainuineinsurance.co.in, / / |

| | | | |
|----------------|------------|--------------|------------------------------------|
| Premium | GST | Total | Receipt No. & Date |
| 3,253 | 586 | 3,839 | 16040081220000014816 - 16/02/23 |

| | |
|---|---|
| Premises / Work Address (Site of the Property to be Insured) | Risk Address:M/S. VARDHMAN COTFIBERS 370-1/2, GAUL JOSHI ROAD, CHHAIGAON DEVI, KHANDWA, DIST. KHANDWA (MP) 450771, MP939, CHHEGAON MAKHAN, MP, MADHYA PRADESH, INDIA, 450771 |
|---|---|

| | |
|--------------------------|-----------------|
| Total Sum Insured | ₹ 650000 |
|--------------------------|-----------------|

| Inventory of the Property Insured | | | | | | |
|--|----------|--|--------------|--------------------|---------------|-----------|
| Sl. No. | Quantity | Description of Machines | Year of Make | Sum Insured (In ₹) | Escalation(%) | Excess(₹) |
| 1 | 1 | Machine Details: NIM INFRA PVT. LTD. 500 KVADISRBUION TRANSFORMER WITH OIL, 33/ 433. , Serial No of Machine: ST/30F/22, Name of the manufacturer: NIM INFRA PVT LTD | 2022 | 650000 | NA | 6500 |

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformer and other electrical equipment damage thereto being covered by the Policy only when specifically described in said schedule.

| Sl. No. | Add on Covers Opted | Indemnity Limits Opted | Excess |
|---------|---|------------------------|------------------------|
| 1 | THIRD PARTY LIABILITY | NA | Policy Excess |
| 2 | EXPRESS FREIGHT (EXCLUDING AIR FREIGHT), HOLIDAY RATES OF WAGES ETC | NA | Policy Excess |
| 3 | AIR FREIGHT | NA | 5 % of Air Freight |
| 4 | ADDITIONAL CUSTOMS DUTY | NA | 5 % of Additional duty |
| 5 | SURROUNDING PROPERTY | NA | Policy Excess |

Signature Not Verified
Digitally signed by JAGAT KAYEE PANIGRAHI
Date: 2023.02.16

Policy No. : 16040044225100000031 Document generated by 40781 at 16/02/2023 18:00:51 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>.



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|---|----------------|----|---------------|
| 6 | DEBRIS REMOVAL | NA | Policy Excess |
|---|----------------|----|---------------|

ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY

| Sl. No. | Endorsement Number | Endorsement Title |
|---------|--------------------|-------------------|
|---------|--------------------|-------------------|

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 3,253 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 586 |

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 16th day of February,2023.

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 : 16040022P0021565

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C