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## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name        | :             | ASHIRWAD COTTO                            | ON CORPORATION .   | 1                         |                                      |   |   |                                     |  |
|-----------------------|---------------|---|--|---------------------------|--------------------------------------|---|---|-------------------------------------|--|
| Insureds Details      |               |   |  |                           | I                                    | SS  | uing Office Deta  | ails                                |  |
| Customer ID           | :             | POA2667479                                |  | Office Code               |                                      | :   | JALGAON (16   | 60700)                              |  |
| Address               | :             | DEURWADA ROAD<br>442201                   | ), ARVI, WARDHA  | Address                   |                                      | :   | : MANDORE MARKET,<br>BEHIND DADHIWALA BUNGLOW,<br>JILHA PETH,425001 |                                     |  |
|                       |               | ARVI (WARDHA) ,N<br>442201                | IAHARASHTRA,   |                           |                                      |   |   |                                     |  |
| Phone No              | :             |   |  | Phone No                  |                                      | :   | 02572236189   | / 02572232179                       |  |
| E-mail/Fax            | :             | arviacc@gmail.com                         | , /  | E-mail/Fax                |                                      | :   | nia.160700@newindia.co.in /<br>2572236189                           |                                     |  |
| PAN No                | :             | AKHPM0452H                                |  | S.Tax Regn. No            |                                      | :   | AAACN4165C  | ST178                               |  |
| GSTIN/UIN             | :             | 27AKHPM0452H1Z                            | 9 / NA   | GSTIN                     |                                      | :   | 27AAACN416  | 5C3ZP                               |  |
|                       | :             |   |  | SAC                       |                                      | :   | 997139 (Other non-life insurance service excl RI)                   |                                     |  |
|                       |               |   | Policy   | Details                   |                                      |   |   |                                     |  |
| Policy Number         | :             | 1607004622010000                          | Business Source C  | Business Source Code      |                                      |   |   |                                     |  |
| Period of Insurance   | :             | From: 20/02/2023 0<br>19/03/2023 11:59:59 | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC | User                      | :                                    | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |   |                                     |  |
| Date of Proposal      | :             | 20-Feb-23                                 | Agent/Bancassura<br>pecified Person                            | nce/S                     | :                                    |   |   |                                     |  |
| Prev. Policy no.      | :             | :   |  | Phone No                  |                                      | :   | 02402350377, 9850049400 / NA  |                                     |  |
| Client Type           | :             | Non-Corporate                             |  | E-mail/Fax                |                                      | : kailash@jainuineinsurance.co.in   |   | ineinsurance.co.in, / /             |  |
| Premium(₹)            |               | GST(₹)                                    | Total(₹)   | Total                     | otal (₹ in words)                    |   | ds)   | Receipt No. & Date                  |  |
| 2,125                 |               | 382                                       | 2,508  |                           | TWO THOUSAND FIVE<br>DRED EIGHT ONLY |   |   | 1607008122000000589<br>9 - 20/02/23 |  |
| Location Details      |               | : A<br>(Ja                                | shirwad Warehousi<br>mb),Arvi, Dist. War                       | ng,At. Sr. No. 100<br>dha | /1, Mo                               | uja   | a No. 54, Mou   | je Jamb Antardosh                   |  |
| First Loss Percentage |               | : N                                       | A  |                           |                                      |   |   |                                     |  |
|                       |               | ]   | Details of assets cov  | vered under the Po        | olicy                                |   |   |                                     |  |
| Stocks in Trade       |               |   |  | I                         |                                      |   |   |                                     |  |
| SI. No.               | STOCK DETAILS |   |  |                           | Sum Insured                          |   |   |                                     |  |
| 1                     |               | Cotton F.P B                              |  | 17000000                  |                                      |   |   |                                     |  |

| 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 Equipments              |   |             |  |  |  |
| SI. No.                        | o. OFFICE EQUIPMENT DETAILS Sum Insured |             |  |  |  |

| Coins / Currency notes |   |   |  |  |  |
|------------------------|---|---|--|--|--|
| SI. No.                | . COINS/CURRENCY/CURIOS DETAILS Sum Insured |   |  |  |  |
| 1                      | NA  | 0 |  |  |  |

NA

Policy No. : 16070046220100000173Document generated by 33037 at 20/02/2023 17:05:02 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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 Ornbudsman. For details of our office addresses and addresses of office of Insurance Ornbudsman, please visit our website http://newindia.co.in.

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| Descript        | ion of other item |  |  |  |
|-----------------|-------------------|--|--|--|
| SI. No.         | OTHER ITE         | M DETAILS Sum Insured                                  |  |  |
| 1               | N                 | A 0  |  |  |
|                 | Add on Covers     | Sum Insured (₹)  |  |  |
| Other Extension |                   | NOT OPTED  |  |  |
| Theft Ex        | tension           | NOT OPTED  |  |  |
| Terrorism       |                   | NOT OPTED  |  |  |
| Special C       | Conditions :      | Ashirwad Warehousing<br>rop. Krushnabai Sudama Motwani |  |  |

|        |   | Prop. Krushnabai Sudama Motwani<br>At. Sr. No. 100/1, Mouja No. 54, Mouje Jamb Antardosh (Jamb), Behind Agrawal Oil<br>Mill, Talegaon Road, Arvi, Dist. Wardha*442201 |
|--------|---|---|
| Excess | : | 1000  |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

|         | Rate of Tax | Amount in INR |       |  |
|---------|-------------|---------------|-------|--|
| Premium |             | ₹             | 2,125 |  |
| SGST    | 9           | 191           |       |  |
| CGST    | 9           | 191           |       |  |
| 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 20th day of February,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 20/02/2023

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 : 16070022P0009403

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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