



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	LAXMI COTSPIN LTD			
Insureds Details			Issuing Office Details		
Customer ID	:	PO93163640	Office Code	:	SHIRDI (151806)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION)	Address	:	Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A nagar,Shirdi ,423109
		JALNA ,MAHARASHTRA, 431203			
Phone No	:		Phone No	<u>:</u>	02423255179
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	<u>:</u>	nia.151806@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

	Policy Details				
Policy Number	:	15180646220100000003	Business Source Code		
Period of Insurance	:	From: 01/02/2023 04:11:41 PM To: 30/04/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),
Date of Proposal	:	01-Feb-23	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //

Financier(s) Details	
SI. No.	Name of the Financiers
1	AXIS BANK LTD
2	HDFC BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
12,500	2,250	14,751	RUPEES FOURTEEN THOUSAND SEVEN HUNDRED FIFTY-ONE ONLY	1518068122000000040 3 - 01/02/23
Location Details		AXMI COTSPIN LTD, AREHOUSE GODOWN	1,2 &3 AT SAMANGAON KAJLA PHATA	A, JALNA AMBAD ROAD,

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in	n Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	COTTON FULLY PRESS BALES	5000000

Goods h	Goods held in Trust / Commision			
SI. No.	o. GOODS HELD DETAILS Sum Insured			
1	NA	0		

Furniture / Fixture / Fittings			
SI. No.	FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured		
1	NA	0	

Office Ed	Office Equipments			
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured		
1	NA	0		



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

Descript	Description of other item			
SI. No.	OTHER ITEM DETAILS	Sum Insured		
1	NA	0		

Add on Covers	Sum Insured (₹)
Other Extension	NOT OPTED
Theft Extension	NOT OPTED
Terrorism	NOT OPTED

Special Conditions		LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD, OPP MEENATAI THAKARE VRIDHASHRAM JALNA 431203
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	12,500
SGST	9		1,125
CGST	9		1,125
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 01st day of February,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/02/2023

Duly Constituted Attorney(s)

 Mudrank______Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt

 number______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: 15180622P0000490

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C