



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0126100001

Insured's Name	:	A I TYRE PROPR. ASHFAQ AZMAT SH	AIKH			
Insured's Details				Issuing Office Details		
Customer ID	:	POA3326571	Office Code	:	BRANCH AURANGABAD AUTO TIE-UP (160401)	
Address	:	AZAD CHOWK, PREM COMPLEX, SHOP NO. A-3, AURANGABAD-431001 AURANGABAD ,MAHARASHTRA, 431001	Address	:	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003	
Phone No	:		Phone No	:	02402485446 / 02402484415	
E-mail/Fax	:	shaikhashfaq0131@gmail.com, /	E-mail/Fax	:	nia.160401@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27BMNPS6644G1ZG / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 1604014822030000007 Business Source Code						
Period of Insurance	:	From: 16/02/2023 05:37:29 PM To: 15/02/2024 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	:	16-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, //	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,000	360	2,360	RUPEES TWO THOUSAND THREE HUNDRED SIXTY ONLY	1604018122000000379 8 - 16/02/23

Location Details	:	A I TYRE Propr. Ashfaq Azmat Shaikh Azad Chowk, Prem Complex, Shop No. A-3, Aurangabad-& BANK, G.NO.
Money in safe (during and after business hours)	:	2500000
Money in Till	:	2500000

SECTION - 1								
SI. No.	Sub Sections		Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)				
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds 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.	2500000		0				
2.	Section 1 B - Money (other than described in 1A 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	2500000		0				

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3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa	2500000	0	0		
Limit ov (Estima	ver the Policy period : 20000000 ited Annual Turnover)					
Ontiona	al Covers	Sum Insured	I (₹)			
SRCC C		NOT OPTED	(()			
Terroris		NOT OPTED				
Risk De	stalls					
1.	Maximum distance over which money will be conve	wed	10	Λ		
2.	Details of employees handling Money	yeu	N/	<u>- </u>		
3.	How is money carried		IN BAGS/SUITCASE			
4.	Mode of Transport		VEH PUB/PV	•		
5.	Details of armed guards or any other protection		NA NA			
6.	Details of money kept outside business hours		SAFE CONSIST OF WOODEN/STEEL CUPBOARD			
7.	Is the safe where money is kept, fixed to the walls of	or floor	No			
8.	By whom are the keys held		BY OWNER OR AU	ITHORISIED EMP		
9.	Are all the keys removed outside business hours		No)		
Special	Conditions : shop, OFFICE, RES	IDENCE OF ALL	PARTNER / PROPRIETOR/ D	DIRECTOR/BANK		
Excess	: 0		.,	20101,97		
	licy shall subject to MONEY INSURANCE policy clauses n and GST Details					
Premium	1	Rate of Tax	Amount in INR ₹ 2.000			
SGST	'	9	180			
CGST		9	180			
IGST		0	0			
In witne set his	ess whereof the undersigned being duly authorised by (their) hand(s) on this 16th day of February,2023.	y the Insurers a	nd on behalf of the Insurer	s has (have) hereunder		
			For and on The New India Assurar			
Date of	Issue: 16/02/2023					
			Duly Constitute	ed Attorney(s)		
	okDtconsolidated Stamp Fees rdt Stamp Duty under the Policy		der Number	vide receipt		

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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: 16040122P0006035

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C