



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

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|-------------------------|--|-------------------------------|--|
| Insured's Name | : MANISHA COTTON | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : PO96514037 | Office Code | : AURANGABAD DO-160400 (160400) |
| Address | : HOUSE NO. 18/4, GANDHI CHOWK, TQ. WANI, DIST. YAVATMAL MH- 445304 WANI ,MAHARASHTRA, 445304 | Address | : AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | Phone No | : 02402333572 / 02402333361 |
| E-mail/Fax | : vaibhavcottex@rediffmail.com, / | E-mail/Fax | : nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27ABOPB3587G1ZG / NA | GSTIN | : 27AAACN4165C3ZP |
| | : | SAC | : 997139 (Other non-life insurance services excl RI) |

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| Policy Details | | | |
| Policy Number | : 16040046220100000255 | Business Source Code | |
| Period of Insurance | : From: 01/03/2023 03:10:56 PM To: 31/08/2023 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-Mar-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, / / |

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|-----------------------------|------------------------|
| Financier(s) Details | |
| Sl. No. | Name of the Financiers |
| 1 | SBI SME YAVATMAL |

| | | | | |
|------------------|---|----------|---|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 11,249 | 2,026 | 13,276 | RUPEES THIRTEEN THOUSAND TWO HUNDRED SEVENTY-SIX ONLY | 1604008122000001561 3 - 02/03/23 |
| Location Details | : Vaibhav Cottex Pvt Ltd, Godown No.2,Gut No.-94/1,Village- Nilapur,Tah-Wani,Dist-Yavatmal.445304 | | | |

| | |
|-----------------------|------|
| First Loss Percentage | : NA |
|-----------------------|------|

Details of assets covered under the Policy

| | | |
|------------------------|---|-------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | stock of cotton FP Bales whilst stored lying in factory | 30000000 |

| | | |
|--|--------------------|-------------|
| Goods held in Trust / Commision | | |
| Sl. No. | GOODS HELD DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|---------------------------------------|------------------------------------|-------------|
| Furniture / Fixture / Fittings | | |
| Sl. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|--------------------------|--------------------------|-------------|
| Office Equipments | | |
| Sl. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|-------------------------------|-------------------------------|-------------|
| Coins / Currency notes | | |
| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |
| | | |

Policy No. : 16040046220100000255 Document generated by 40781 at 06/03/2023 18:14:20 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>.



| | | |
|---|----|---|
| 1 | NA | 0 |
|---|----|---|

| Description of other item | | |
|---------------------------|--------------------|-------------|
| Sl. No. | OTHER ITEM DETAILS | Sum Insured |
| 1 | NA | 0 |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | 30000000 |
| Terrorism | NOT OPTED |

| | | |
|--------------------|---|-----------------|
| Special Conditions | : | As per policy . |
| Excess | : | 0 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 11,249 |
| SGST | 9 | 1013 |
| CGST | 9 | 1013 |
| 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 06th day of March,2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 06/03/2023

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 : 16040022P0022701

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| <p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p> |
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