



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SHRI KRISHNA GINNING & PRESSING FACTORY				
		nsureds Details	Issuing Office Details			
Customer ID	:	PO92763449	Office Code	Office Code : DO II AURANGABAD (160500)		
Address	:	PLOT NO.A-11 & A-5, MIDC, DEOLI DIST- WARDHA-442101			LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD	
		DEOLI ,MAHARASHTRA, 442101			,431003	
Phone No	:		Phone No : 02402482688 / 02402480985		02402482688 / 02402480985	
E-mail/Fax	:	maheshagrawal69@gmail.com, /	E-mail/Fax : nia.160500@newindia.co.in / 02402486895			
PAN No	:		S.Tax Regn. No : AAACN4165CST178		AAACN4165CST178	
GSTIN/UIN	:	27AABHM7216H1Z9 / NA	GSTIN : 27AAACN4165C3ZP		27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number	Policy Number : 16050046220100000343 Business Source Code					
Period of Insurance	:	From: 23/03/2023 12:00:01 AM To: 22/05/2023 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	:	23-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, / /	

Financier(s) Details							
SI. No.		Name of the Financiers					
1		ICICI BANK LTD					
Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date			
1,875	338	2,214	RUPEES TWO THOUSAND TWO HUNDRED FOURTEEN ONLY	1605008122000000731 2 - 21/03/23			
Location Details : Shrikrishna Ginning & Pressing Factory Warehouse, Plot no. A- 5 & A-11 ,MIDC, DEOLI Dist. Wardha							

First Los	s Percentage	: N4	4			
		Details of assets covered under the Policy				
Stocks in	n Trade					
SI. No.		STOCK DETAILS		Sum Insured		
1	cotto	n F P Bales,	& Cotton seed		1000000	

Goods held in ⁻	Trust / Commision	
SI. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0
Furniture / Fixt	ure / Fittings FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	NA	0
Office Equipme	ents	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured

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

Policy No. : 16050046220100000343Document generated by 36776 at 21/03/2023 14:14:18 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 Ornbudsman. For dedresses and addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in.



1	N	A	0		
Descripti	on 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 Extension NOT OPTED		NOT OPTED			
Terrorism		NOT OPTED			
Special C	Conditions : 9	Shrikrishna Ginning & Pressing Fa lot no. A- 5 & A-11 ,MIDC, DEOLI	nctory Warehouse , Dist. Wardha Maharashtra PIN - 442101		
Excess : 1		1000			

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	1,875
SGST	9	169	
CGST	9	169	
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 21st day of March,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 21/03/2023

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 : 16050022P0016393

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

Policy No. : 16050046220100000343Document generated by 36776 at 21/03/2023 14:14:18 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.