



# 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		: JALGAON (160700)	
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION)  JALNA ,MAHARASHTRA, 431203	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
Phone No	:		Phone No	:	02572236189 / 02572232179	
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
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	: 16070046220100000188		Business Source Code		
Period of Insurance	:	From: 06/03/2023 01:22:13 PM To: 05/05/2023 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	:	06-Mar-23	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	l :	kailash@jainuineinsurance.co.in, //

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

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,906	524	3,431	RUPEES THREE THOUSAND FOUR HUNDRED THIRTY-ONE ONLY	1607008122000000639 6 - 06/03/23
Location Details			1,2 &3 AT SAMANGAON KAJLA PHATA	A, JALNA AMBAD

#### : NA First Loss Percentage

## Details of assets covered under the Policy

Stocks in Trade			
Sl. No.	STOCK DETAILS	Sum Insured	
1	On stock of COTTON FULLY PRESS BALES	15500000	

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

Furniture / Fixture / Fittings			
SI. No.	5. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured		
1	NA	0	

Office Equipments				
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured		

## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



1		NA	0		
Coins / C	Currency notes				
SI. No.		CY/CURIOS DETAILS	Sum Insured		
1		NA NA	0		
	ion of other item	TEM DETAIL C	Course In source d		
Sl. No.	OTHER	TEM DETAILS	Sum Insured		
1		NA	0		
	Add on Covers		Sum Insured (₹)		
Other Ex	ctension		NOT OPTED		
Theft Ex	tension		NOT OPTED		
Terroris	n		NOT OPTED		
Special (	Conditions :	LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT S OPP MEENATAI THAKARE VRIDHASI	SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD, HRAM JALNA 431203		
Excess	:	1000			
This Poli	cy shall subject to BURGLARY p	olicy clauses attached herewith.			
Premium	and GST Details				
		Rate of Tax	Amount in INR		
Premium SGST		9	₹ 2,906 262		
CGST		9	262		
IGST		0	0		
In witnes	ss whereof the undersigned bein their) hand(s)	ng duly authorised by the Insurers a	nd on behalf of the Insurers has (have) hereunder		
on this 0	6th day of March,2023.				
			For and on behalf of		
			The New India Assurance Company Limited		
5	0.5 (0.3 (0.0.0.3				
Date of I	lssue: 06/03/2023				
			Duly Constituted Attorney(s)		
			,		
			der Numbervide 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 : 16070022P0010133

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C