Coins / Currency notes

SI. No.





POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

		ļ	UIN NUMBER - IRD	AN190P0098	100001				
Insured's Name	:	M/S. SIDDHARTH F	IBRE						
		Insureds Details				lss	uing Office Det	tails	
Customer ID	<u>:</u>	PO94499906		Office Code		:	JALNA BRAN	ICH (160501)	
Address	:	BARDA ROAD, AN BARWANI, MADHY	JAD, DIST- A PRADESH-451556	Address		:	STAND AUR	AKKAD KOT NEAR BUS ANGABAD ROAD JALNA	
		ANJAOI ,MADHYA I	PRADESH, 451556				,431203		
Phone No	:			Phone No		:	: 02482232708 / 02482232709		
E-mail/Fax	<u>:</u>	siddharthfibre@redi	ffmail.com, /	E-mail/Fax		:	nia.160501@	newindia.co.in /	
PAN No	<u>:</u>	ABMFS4253L		S.Tax Regn. I	No	:	AAACN4165CST178		
GSTIN/UIN	<u>:</u>	23ABMFS4253L1ZL	J / NA	GSTIN		:	27AAACN4165C3ZP		
	:			SAC		:	997139 (Other non-life insurance serv excl RI)		
			Policy	Details					
Policy Number	<u>:</u>	1605014623010000	0011	Business Sou	rce Code				
Period of Insurance	:	From: 24/04/2023 0: 23/07/2023 11:59:59		Dev.Off. level/Broker/C Agent/Web Aggregator/Cl	Jainuine Insurance Brokers Pvt.			rance Brokers Pvt.Ltd	
Date of Proposal	:	24-Apr-23		Agent/Bancas pecified Perso	surance/S on	:			
Prev. Policy no.	<u>:</u>			Phone No		:	02402350377	r, 9850049400 / NA	
Client Type	:	Non-Corporate		E-mail/Fax	(<u> </u>		kailash@jainuineinsurance.co.in, //		
			Einonoio	r(s) Details					
SI. No.	Т		Fillatiole	Name of the	Financiare				
1				HDFC BAI					
Premium(₹)		GST(₹)	Total(₹)	T	otal (₹ in w	vor	rds) Receipt No. & Date		
5,000		900	5,901		FIVE THO	USAND NINE IE ONLY		1605018123000000062 3 - 24/04/23	
Location Details	ocation Details : WAREHOUSE GODOWN NO. ROAD, ANJAD, DIST-BARWANI-			WN NO.1,Prop RWANI-4515	Prop.KAVITA MAHIPAL SINGH MANDLIOI, BARDA				
First Loss Percentage	<u> </u>]: N	Α						
			Details of assets cov	ered under th	ne Policy				
Stocks in Trade									
Sl. No.		STOCK D	ETAILS		Sum Insured			nsured	
1	F.P.COTTON BALES				2000000			0000	
Goods held in Trust /	Cor	mmision							
Sl. No.	GOODS HELD DETAILS				Sum Insured				
1	NA				0				
Furniture / Fixture / F	ittir	ngs							
Sl. No.	FURNITURE/FIXTURE/FITTINGS DETAILS				Sum Insured				
1	NA 0								
Office Equipments									
SI. No. OFFICE EQUIPMENT DETAILS				Sum Insured					
SI. NO.		OFFICE EQUIPM	IENT DETAILS				Sum I	nsured	

COINS/CURRENCY/CURIOS DETAILS

Sum Insured

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



1	NA	0			
Description of other item					

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		WAREHOUSE GODOWN NO. 1, Prop. KAVITA MAHIPAL SINGH MANDLIOI, BARDA ROAD, ANJAD, DIST- BARWANI MP 451556
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR		
Premium		₹	5,000	
SGST	0	0		
CGST	0	0		
IGST	18	900		

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 24th day of April,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 24/04/2023

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: 16050123P0000660

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C