



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name   | : | SB TRADERS .  |                                     |   |   |  |  |
|------------------|---|---|-------------------------------------|---|---|--|--|
| Insureds Details |   |   | Issuing Office Details              |   |   |  |  |
| Customer ID      | : | POA4790704  | Office Code : JALNA BRANCH (160501) |   |   |  |  |
| Address          | : | 1,18/17,GANDHI CHOWK, VILLAGE-<br>WANI, TALUKA- WANI, DIST-<br>YAVATMAL | Address                             | : | K.K.NIWAS LAKKAD KOT NEAR BUS<br>STAND AURANGABAD ROAD JALNA<br>,431203 |  |  |
|                  |   | WANI ,MAHARASHTRA, 445304   |                                     |   |   |  |  |
| Phone No         | : |   | Phone No                            | : | 02482232708 / 02482232709   |  |  |
| E-mail/Fax       | : | vaibhavcottex@rediffmail.com, /   | E-mail/Fax                          | : | nia.160501@newindia.co.in /   |  |  |
| PAN No           | : |   | S.Tax Regn. No                      | : | AAACN4165CST178   |  |  |
| GSTIN/UIN        | : | 27BEEPB0216A1ZJ / NA  | GSTIN                               | : | 27AAACN4165C3ZP   |  |  |
|                  | : |   | SAC                                 | : | 997139 (Other non-life insurance services excl RI)                      |  |  |

| Policy Details      |   |  |   |   |   |  |  |
|---------------------|---|--|---|---|---|--|--|
| Policy Number       | : | 16050146230100000012                                       | Business Source Code  |   |   |  |  |
| Period of Insurance | : | From: 27/04/2023 04:56:32 PM To:<br>26/08/2023 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |  |  |
| Date of Proposal    | : | 27-Apr-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  |        | STATE BANK OF INDIA BR WANI |  |                                    |  |  |  |
|  |        |                             |  |                                    |  |  |  |
| Premium(₹)   | GST(₹) | Total(₹)                    | Total (₹ in words)                             | Receipt No. & Date                 |  |  |  |
| 17,875   | 3,218  | 21,094                      | RUPEES TWENTY-ONE THOUSAND<br>NINETY-FOUR ONLY | 160501812300000072<br>2 - 27/04/23 |  |  |  |
| Location Details : Vaibhav Cottex Pvt Ltd,<br>Godown No.1,2,3,4,Gut No.94/1,Vil- Nilapur,Tah-Wani,Dist-Yavatmal.445304 |        |                             |  |                                    |  |  |  |

## First Loss Percentage

Details of assets covered under the Policy

: NA

| Stocks in Trade |                              |             |  |  |
|-----------------|------------------------------|-------------|--|--|
| SI. No.         | STOCK DETAILS                | Sum Insured |  |  |
| 1               | Cotton seed ,Chana ,soyabean | 5500000     |  |  |

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

| Furniture / Fixture / Fittings |  |             |  |  |  |  |
|--------------------------------|--|-------------|--|--|--|--|
| SI. No.                        | . FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured |             |  |  |  |  |
| 1                              | NA   | 0           |  |  |  |  |
| Office Equipments              |  |             |  |  |  |  |
| SI. No.                        | OFFICE EQUIPMENT DETAILS                         | Sum Insured |  |  |  |  |
| 1                              | NA   | 0           |  |  |  |  |

Coins / Currency notes

Policy No. : 16050146230100000012Document generated by 36776 at 27/04/2023 17:46:45 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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 details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



| SI. No.                   | COINS/CURRENCY/       |  |           | Y/CURIOS DETAILS  | Sum Insured     |
|---------------------------|-----------------------|--|-----------|---|-----------------|
| 1                         |                       |  |           | NA  | 0               |
| Descripti                 | ion of other item     |  |           |   |                 |
| •                         |                       |  | IT        | EM DETAILS  | Sum Insured     |
| 1                         | N                     |  |           | NA  | 0               |
|                           | Add on Covers         |  |           |   | Sum Insured (₹) |
| Other Extension NOT OPTED |                       |  | NOT OPTED |   |                 |
| Theft Extension NOT OPTED |                       |  | NOT OPTED |   |                 |
| Terrorism NOT OPTED       |                       |  | NOT OPTED |   |                 |
|                           |                       |  |           | Vaibhav Cottex Pvt Ltd,<br>Godown No. 1,2,3,4 , Gut No94/1, Village- Nilapur, Tah- Wani, Dist-Yavatmal.445304 |                 |
| Excess : 100              |                       |  | :         | 1000  |                 |
| This Polic                | ry shall subject to B |  | nol       | icy clauses attached herewith.  |                 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

## Premium and GST Details

| Rate of Tax | Amount in INR |  |
|-------------|---------------|--|
|             | ₹ 17,875      |  |
| 9           | 1609          |  |
| 9           | 1609          |  |
| 0           | 0             |  |
|             | 9<br>9        |  |

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 27th day of April,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 27/04/2023

Duly Constituted Attorney(s)

\_\_\_\_Dt.\_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt Mudrank 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 : 16050123P0000790

**IRDA Registration Number: 190** NIA PAN NUMBER: AAACN4165C

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