



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		or let with the transfer of th	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	:	16070046230100000022 Business Source Co)		
Period of Insurance	:	From: 24/04/2023 12:23:16 PM To: 23/06/2023 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	:	24-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 HDFC BANK LTD			
2	AXIS BANK LTD		

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
7,500 1,350		8,851	RUPEES EIGHT THOUSAND EIGHT HUNDRED FIFTY-ONE ONLY	1607008123000000055 9 - 24/04/23	
Location Details : LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AM ROAD,431203			A, JALNA AMBAD		

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	On stock of COTTON FULLY PRESS BALES	4000000			

Goods held in Trust / Commision					
SI. No.	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			

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



1	NA				0		
Coins / 0	Currency notes						
SI. No.	•			Sum Insured			
1		N.		0			
December	ulan of ather bane						
Sl. No.	tion of other item	R ITE	M DETAILS	Sum Insured			
1	Office	N.		0			
			T		-		
	Add on Covers			Sum Insured (₹)			
	ktension			NOT OPT			
Theft Ex				NOT OPT NOT OPT			
remonsi	III			NOT OF	ED		
Special	Conditions	: N	LAXMI COTSPIN LTD, /AREHOUSE GODOWN 1,2 &3 AT S PP MEENATAI THAKARE VRIDHASI	SAMANGAON HRAM JALNA	I KAJLA PHATA, JALNA AMBAD ROAD, 431203		
Excess			1000	,			
This Poli	icy shall subject to BURGLAR	Y polic	cy clauses attached herewith.				
Premium	and GST Details						
			Rate of Tax		nt in INR		
Premium			0	₹	7,500		
SGST CGST			9 9	675 675			
IGST			0	0			
set his (ss whereof the undersigned their) hand(s) 24th day of April,2023.	being	duly authorised by the Insurers a	nd on behalf	of the Insurers has (have) hereunder		
Date of	lssue: 24/04/2023			The New	For and on behalf of v India Assurance Company Limited		
				[Duly Constituted Attorney(s)		
	<dtc dt Star</dtc 		dated Stamp Fees Paid by Pay Or ty under the Policy is ₹1/	der Number_	vide receipt		
	We hereby declare th	at the	ough our aggregate turnover in	any preced	ding financial year from		

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 : 16070023P0000860

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C