



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0097100001

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

| Policy Details | | | | | |
|---------------------|---|---|---|----|--|
| Policy Number | | 16050046230100000006 | Business Source Code | | |
| Period of Insurance | : | From: 07/04/2023 12:00:01 AM To: 06/07/2023 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 | : | 07-Apr-23 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | | Non-Corporate | E-mail/Fax | T: | 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 |
|------------------|--------|--|---|-------------------------------------|
| 6,000 | 1,080 | 7,081 | RUPEES SEVEN THOUSAND EIGHTY- ONE ONLY | 1605008123000000011 0 - 06/04/23 |
| Location Details | | Ambika Industries C/o. ot no.A-4,MIDC,DEOLI | Dineshkumar Mohanlal Agrawal Godo Dist. Wardha | own, |

: NA First Loss Percentage

Details of assets covered under the Policy

| Stocks in | Stocks in Trade | | | |
|-----------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | On stock of cotton F P Bales, & Cotton seed whilst stored &/or 30000000 | | | |
| | lying in silent Godown / & or Warehouse. | | | |

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

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

| Office Ed | quipments | |
|-----------|--------------------------|-------------|
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |

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



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

| Descript | 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 | : | AS PER POLICY |
|--------------------|---|---------------|
| Excess | : | 0 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|-------|
| Premium | | ₹ | 6,000 |
| SGST | 9 | 540 | |
| CGST | 9 | 540 | |
| 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 06th day of April,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 06/04/2023

Duly Constituted Attorney(s)

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt number _____. 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 : 16050023P0000162

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C