



## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

| Insured's Name | :                | BAJRANG COTEX   |                |   |  |  |  |  |
|----------------|------------------|---|----------------|---|--|--|--|--|
|                | nsured's Details | Issuing Office Details  |                |   |  |  |  |  |
| Customer ID    | :                | PO79819798  | Office Code    | : | AURANGABAD DO-160400 (160400)                                    |  |  |  |
| Address        | :                | 39/1, MHATPURI, DUSALGAON FATA,<br>PARBHANI ROAD, GANGAKHED, DIST.<br>PARBHANI. 431514.<br>Gangakhed .MAHARASHTRA. 431514 | Address        |   | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |  |  |
| Phone No       | :                |   | Phone No       | : | 02402333572 / 02402333361  |  |  |  |
| E-mail/Fax     | :                | bajrangcotex3115@gmail.com, /   | E-mail/Fax     | : | nia.160400@newindia.co.in /<br>02402331226                       |  |  |  |
| PAN No         | :                |   | S.Tax Regn. No | : | AAACN4165CST178  |  |  |  |
| GSTIN/UIN      | :                | 27AAMFB0396E1ZG / NA  | GSTIN          | : | 27AAACN4165C3ZP  |  |  |  |
|                | :                |   | SAC            | : | 997139 (Other non-life insurance services excl RI)               |  |  |  |

|                     |                                      |  | Policy             | Details   |   |   |  |  |
|---------------------|--------------------------------------|--|--------------------|---|---|---|--|--|
| Policy Number       | :                                    | 1604004823030000                         | 00040              | Business Source Code  |   |   |  |  |
| Period of Insurance | :                                    | From: 22/05/2023 0<br>21/05/2024 11:59:5 |                    | 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    | :                                    | 22-May-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, / /  |  |  |
| Premium(₹)          | GST(₹) Total(₹) Total (₹ in words) R |  | Receipt No. & Date |   |   |   |  |  |
| 18,000              |                                      | 3,240                                    | 21,240             |   |   | 160400812300000201<br>9 - 22/05/23  |  |  |

| Money in safe (during and after business hours) |   | : | 9800000 |  |  |
|---|---|---|---------|--|--|
| Money ir  | n Till  | : | 9800000 |  |  |
| SI. No.   | Location & Address  |   |         |  |  |
| 1   | Bajrang Cotex   |   |         |  |  |
|   | 39/1, Mhatpuri, Dusalgaon Fata, Parbhani Road, Gangakhed, Dist. Parbhani. |   |         |  |  |
| 2   | office factory, Banks, Residence of all pertner                           |   |         |  |  |

| SECTION | - | 1 |
|---------|---|---|
|         |   |   |

| JECHO   |   |   |  |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|
| SI. No. | Sub Sections  | Single Carrying Limits<br>for - Cash/Coin/<br>Travelers Cheques/<br>Bank drafts | Single Carrying Limits<br>for - Foreign Currency | Single Carrying Limits<br>for - Any other<br>(Specify) |  |  |  |  |
| 1.      | Section 1 A - Money for the payment of wages,<br>salaries and other earning or for petty cash in<br>direct transit from the bank to the Insureds<br>premises from the time the cash is received at<br>the bank by the insured or the authorized<br>employee/s of the Insured until delivered at the<br>premises or other place of disbursement and<br>whilst there until paid out provided that out of<br>business hours such cash shall be secured in<br>locked safe or locked strong room on the<br>premises. Cheques drawn by the insured to<br>provide for such cash are covered in transit<br>from the premises to the Bank. | 980000  | 0  | 0  |  |  |  |  |

Policy No. : 1604004823030000040Document generated by 40073 at 22/05/2023 18:15:34 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. 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 Ombudsman. For dedresses and addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



| 2. | Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa  | 9800000 | 0 | 0 |
|----|---|---------|---|---|
| 3. | Section 1 C - Money (other than described in 1A<br>and 1B above) collected by and in the personal<br>custody of the insured or the authorized<br>employee/s of the insured whilst in transit to the<br>premises or hank within a period not exceeding<br>48 hours from the time of collection and vice<br>versa | 9800000 | 0 | 0 |

| Limit over the Policy period<br>(Estimated Annual Turnover) | : | 20000000 |                 |
|---|---|----------|-----------------|
| Optional Covers   |   |          | Sum Insured (₹) |
| SRCC Cover  |   |          | NOT OPTED       |

| Terrorism NOT OPTED  |                         |                               |                  |  |  |  |
|--|-------------------------|-------------------------------|------------------|--|--|--|
| Risk   | Details                 |                               |                  |  |  |  |
| 1.   | Maximum distance over   | r which money will be conve   | eyed             | 500                                      |  |  |
| 2.   | Details of employees ha | andling Money                 |                  | BY OWNER OR AUTHORIZED EMPLOYE           |  |  |
| 3.   | How is money carried    |                               |                  | IN ANY TYPE OF BAGS, TRUNKS, S           |  |  |
| 4.   | Mode of Transport       |                               |                  | ANY VEHICLE PUBLIC O                     |  |  |
| 5.   | Details of armed guards | s or any other protection     |                  | No Security Guard                        |  |  |
| 6.   | Details of money kept o | outside business hours        |                  | Safe Consists of Wooden / Steel cupboard |  |  |
| 7.   | Is the safe where mone  | y is kept, fixed to the walls | or floor         | No                                       |  |  |
| 8.   | By whom are the keys h  | neld                          |                  | BY OWNER OR AUTHORIZED EMPLOYE           |  |  |
| 9.   | Are all the keys remove | ed outside business hours     |                  | No                                       |  |  |
| Special Conditions : Section 1 A ₹ 98,   Section 1 B ₹ 98,00 Section 1 C ₹ 98,00 |                         |                               | ,000/- (98 Lakhs | 5)                                       |  |  |

Section 2 ₹ 98,00,000/- (98 Lakhs)

: 5000 Excess This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

## Premium and GST Details

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 18,000      |
| SGST    | 9           | 1620          |
| CGST    | 9           | 1620          |
| 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 22nd day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 22/05/2023

Duly Constituted Attorney(s)

Policy No. : 16040048230300000040Document generated by 40073 at 22/05/2023 18:15:34 Hours.

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Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receiptnumber\_\_\_\_\_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 : 16040023P0002991

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C