



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | SHRI NARAYANI MANUFACTURING CO | MPANY | | |
|----------------|---|---|----------------|------|---|
| | ı | nsureds Details | | lss | uing Office Details |
| Customer ID | : | POA1166004 | Office Code | : | JALGAON (160700) |
| Address | : | PLOT NO 32, PAROLA ROAD, DHULE DHULE ,MAHARASHTRA, 424004 | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| Phone No | : | | Phone No | : | 02572236189 / 02572232179 |
| E-mail/Fax | : | yogeshagrawal1234@gmail.com, / | E-mail/Fax | : | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ADVFS7205B1ZW / NA | GSTIN | - I: | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---|---|---|---|---|---|
| Policy Number : 16070046230100000043 Business Source Code | | | | | |
| Period of Insurance | : | From: 09/05/2023 12:00:01 AM To: 08/11/2023 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 | : | 09-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, // |

| Financier(s) Details | |
|----------------------|------------------------|
| SI. No. | Name of the Financiers |
| 1 | STATE BANK OF INDIA |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--------|------------------------|---|-------------------------------------|
| 22,500 | 4,050 | 26,551 | RUPEES TWENTY-SIX THOUSAND FIVE HUNDRED FIFTY-ONE ONLY | 1607008123000000076 7 - 03/05/23 |
| Location Details | : F | Go, Rishabh Industries | odown no.3C-5 , MIDC, Avadhan Dh | ule-424006 |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | |
|-----------------|-----------------------------------|-------------|
| SI. No. | STOCK DETAILS | Sum Insured |
| 1 | Soyabean Seeds, Cotton Seeds, Mai | 6000000 |

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

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

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



| Sl. 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 | | On stock of Soyabean Seeds, Cotton Seeds, Maiz,all types ofPacking materials & such other goods whilst Stored at Rishabh Industries ,Godown no.3,C-5 , MIDC, Avadhan Dhule-424006 |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|--------|
| Premium | | ₹ | 22,500 |
| SGST | 9 | 2025 | |
| CGST | 9 | 2025 | |
| 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 03rd day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 03/05/2023

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: 16070023P0001259

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C