



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SHRI SAISHYAM COTSPIN			
Insureds Details		Issuing Office Details			
Customer ID	:	POA4250744	Office Code	:	JALGAON (160700)
Address	:	SURVEY NO. 19/4A & 19/5, MOUJE JOGBAN, BEHIND SHYAM WEIGH BRIDGE, OFF HIWARKHED ROAD, AKOT-, DIST. AKOLA- AKOT ,MAHARASHTRA, 444101	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001
Phone No	:	XXXXXX6719	Phone No	:	02572236189 / 02572232179
E-mail/Fax	:	naser@jainuineinsurance.co.in, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189
PAN No	:	BESPB4950F	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27ABWFS3819E1ZP / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)
		Policy	Details		
Policy Number	:	16070046230100000054	Business Source Code		
Period of Insurance	:	From: 11/05/2023 09:03:20 PM To: 10/08/2023 11:59:59 PM	Dev.Off. level/Broker/Corp.	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757)

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Period of Insurance	:	From: 11/05/2023 09:03:20 PM To: 10/08/2023 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	:	11-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	N	NISHANT MULTISTATE CO.OP.CREDIT SOCIETY LTD AKOLA BR. AKOT				
Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date		

Thermann(t)	001(1)	Total(t)		Receipt nor a bace
2,000	360	2,361	RUPEES TWO THOUSAND THREE HUNDRED SIXTY-ONE ONLY	1000008923050022983 2 - 11/05/23
		Savita Aanand Agrawa Survey No.11,Mauze Jog	al Warehouse, gaban,Plot No. 2,Hivarakhed Road,Aa	kot-444101
First Loss Percentage	:	NA		

First	Loss	Percentage	

Details of assets covered under the Policy

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	Cotton F.P Bales	800000		
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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				
1	NA	0				

Policy No. : 16070046230100000054Document generated by 33037 at 12/05/2023 12:08:01 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 details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



Coins / Currency			
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured	
1	NA	0	
Description of ot	her item		
SI. No.	OTHER ITEM DETAILS	Sum Insured	
1	NA	0	
Ad	ld on Covers	Sum Insured (₹)	
Other Extension NOT OPTED		NOT OPTED	
Theft Extension		NOT OPTED	
Terrorism		NOT OPTED	
Other Extension Theft Extension		NOT OPTED NOT OPTED	
	ns : Savita Aanand Agra	wal Warehouse, e Jogaban, Plot No. 2, Back side of Shyam Kate,	

		Survey No. 11, Mauze Jogaban, Plot No. 2, Back side of Shyam Kate, Hivarakhed Road, Aakot - 444101 Dist. Akot (MH)	
Excess	:	1000	
This Policy shall subject to PUPCLARY policy slauses attached berewith			

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹ 2,0	000
SGST	9	180	
CGST	9	180	
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 12th day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 12/05/2023

Arinh.

(Mr. JAVED SHAIKH) [Divisional Manager]

Duly Constituted Attorney(s)

Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receiptnumber_____dt.____. Stamp Duty under the Policy is ₹1/-.

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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 : 16070023P0001694

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C