



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

|                         |  |                               |  |
|-------------------------|--|-------------------------------|--|
| Insured's Name          | : LAXMI COTSPIN LTD  |                               |  |
| <b>Insureds Details</b> |  | <b>Issuing Office Details</b> |  |
| Customer ID             | : PO93163640   | Office Code                   | : JALGAON (160700)   |
| Address                 | : GUT NO.394 &<br>399, SAMANGAON, AMBAD<br>ROAD, TQ. DIST JALNA (GINNING &<br>OIL MILL DIVISION)<br><br>JALNA, MAHARASHTRA, 431203 | Address                       | : MANDORE MARKET,<br>BEHIND DADHIWALA BUNGLOW,<br>JILHA PETH, 425001 |
| Phone No                | :  | Phone No                      | : 02572236189 / 02572232179  |
| E-mail/Fax              | : cfo@laxmicotspin.com, /  | E-mail/Fax                    | : nia.160700@newindia.co.in /<br>2572236189                          |
| PAN No                  | :  | S. Tax Regn. No               | : AAACN4165CST178  |
| GSTIN/UIN               | : 27AAECM5186A1ZL / NA   | GSTIN                         | : 27AAACN4165C3ZP  |
|                         | :  | SAC                           | : 997139 (Other non-life insurance services<br>excl RI)              |

|                       |  |  |  |
|-----------------------|--|--|--|
| <b>Policy Details</b> |  |  |  |
| Policy Number         | : 16070046230100000070                                       | Business Source Code   |  |
| Period of Insurance   | : From: 22/05/2023 12:00:01 AM To:<br>21/07/2023 11:59:59 PM | 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<br>pecified Person                             | :  |
| Prev. Policy no.      | :  | Phone No   | : 02402350377, 9850049400 / NA   |
| Client Type           | : Non-Corporate  | E-mail/Fax   | : kailash@jainuineinsurance.co.in, / /   |

|                             |                        |
|-----------------------------|------------------------|
| <b>Financier(s) Details</b> |                        |
| Sl. No.                     | Name of the Financiers |
| 1                           | HDFC BANK LTD          |
| 2                           | AXIS BANK LTD          |

|            |        |          |   |                                     |
|------------|--------|----------|---|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words)                                    | Receipt No. & Date                  |
| 2,906      | 524    | 3,431    | RUPEES THREE THOUSAND FOUR<br>HUNDRED THIRTY-ONE ONLY | 1607008123000000118<br>8 - 18/05/23 |

|                  |   |
|------------------|---|
| Location Details | : LAXMI COTSPIN LTD,<br>WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD<br>ROAD, 431203 |
|------------------|---|

|                       |      |
|-----------------------|------|
| First Loss Percentage | : NA |
|-----------------------|------|

Details of assets covered under the Policy

|                        |                                      |             |
|------------------------|--------------------------------------|-------------|
| <b>Stocks in Trade</b> |                                      |             |
| Sl. No.                | STOCK DETAILS                        | Sum Insured |
| 1                      | On stock of COTTON FULLY PRESS BALES | 15500000    |

|  |                    |             |
|--|--------------------|-------------|
| <b>Goods held in Trust / Commision</b> |                    |             |
| Sl. No.                                | GOODS HELD DETAILS | Sum Insured |
| 1                                      | NA                 | 0           |

|                                       |                                    |             |
|---------------------------------------|------------------------------------|-------------|
| <b>Furniture / Fixture / Fittings</b> |                                    |             |
| Sl. No.                               | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
| 1                                     | NA                                 | 0           |

|                          |                          |             |
|--------------------------|--------------------------|-------------|
| <b>Office Equipments</b> |                          |             |
| Sl. No.                  | OFFICE EQUIPMENT DETAILS | Sum Insured |

Policy No. : 16070046230100000070 Document generated by 33037 at 18/05/2023 16:28:03 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>.



|   |    |   |
|---|----|---|
| 1 | NA | 0 |
|---|----|---|

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

| Description of other item |                    |             |
|---------------------------|--------------------|-------------|
| Sl. 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 | : | LAXMI COTSPIN LTD,<br>WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD,<br>OPP MEENATAI THAKARE VRIDHASHRAM JALNA 431203 |
| Excess             | : | 1000   |

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 2,906       |
| SGST    | 9           | 262           |
| CGST    | 9           | 262           |
| 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 18th day of May,2023.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 18/05/2023

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 : 16070023P0001968

|   |
|---|
| <p><b>IRDA Registration Number: 190</b><br/><b>NIA PAN NUMBER: AAACN4165C</b></p> |
|---|