



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | RIDDHI SIDDHI COTEX PVT LTD | | | |
|------------------|---|---|----------------|-------------------------------|---|
| Insureds Details | | Issuing Office Details | | | |
| Customer ID | : | PO96594667 | Office Code | : | JALGAON (160700) |
| Address | : | GUT NO.236,237, TALNI DEVI ROAD, SHEVGAON, AHEMADNAGAR | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| | | SHEVGAON ,MAHARASHTRA, 414502 | | | |
| Phone No | : | | Phone No | : | 02572236189 / 02572232179 |
| E-mail/Fax | : | riddhisiddhi232@gmail.com, / | E-mail/Fax | : | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | ax Regn. No : AAACN4165CST178 | |
| GSTIN/UIN | : | 27AAECR0237R1ZZ / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|--|---|---|---|
| Policy Number | : | 16070046230100000074 | Business Source Code | | |
| Period of Insurance | : | From: 24/05/2023 12:00:01 AM To: 23/06/2023 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 | : | 24-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 | | KARUR V | /YSYA BANK BR AURANGABAD | | | |
| | | | | | | |
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | | |
| 1,250 | 226 | 1,477 | RUPEES ONE THOUSAND FOUR HUNDRED SEVENTY-SEVEN ONLY | 1607008123000000129 2 - 23/05/23 | | |
| Location Details | : T As | irupati Warehouse, if Compound, Sr No.8 | 30/1, Ekta Nagri, Near Prince kata,Dał | nisar Mori, Thane | | |

| First Loss Percentage |
|-----------------------|
|-----------------------|

Details of assets covered under the Policy

: NA

| Stocks in | ı Trade | |
|-----------|--|-------------|
| SI. No. | STOCK DETAILS | Sum Insured |
| 1 | On stock of Gram (Chana) stored in godown | 1000000 |
| | | |

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

| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
|---------------------------|------------------------------------|-------------|
| 1 | NA | 0 |
| Office Equipme Sl. No. | | Sum Insured |
| Sl. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |
| | | 0 |
| Coins / Currend | TV notes | |
| comb / current | | |

Policy No. : 16070046230100000074Document generated by 33037 at 23/05/2023 14:47:56 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 | N | A | 0 |
|-----------|--------------------|--|---|
| Descript | tion of other item | | |
| SI. No. | OTHER ITE | M DETAILS | Sum Insured |
| 1 | N | A | 0 |
| | Add on Covers | | Sum Insured (₹) |
| Other Ex | xtension | | NOT OPTED |
| Theft Ex | tension | NOT OPTED | |
| Terrorism | | NOT OPTED | |
| Special | Conditions : A | Tirupati Warehouse, sif Compound, Sr No.80/1, Ekta Na | agri, Near Prince kata,Dahisar Mori, Thane-421204 |
| Excess | | 1000 | |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|-------|
| Premium | | ₹ | 1,250 |
| SGST | 9 | 113 | |
| CGST | 9 | 113 | |
| 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 23rd day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 23/05/2023

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 : 16070023P0002143

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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