



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

:	ANAND OIL INDUSTRIES .				
Insureds Details			Issuing Office Details		
Customer ID : PO89410915				JALGAON (160700)	
:	GUT NO.178, PIMPELNER AREA, SINDKHEDRAJA ROAD, NEAR BULDHANA URBAN BANK WAREHOUSE, DEULGAON RAJA, DISTBULDANA DEOLGAON RAJA ,MAHARASHTRA, 443204	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
:		Phone No	:	02572236189 / 02572232179	
:	asdongaonkar@gmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
:		S.Tax Regn. No	:	AAACN4165CST178	
:	27AENPD0789E1ZF / NA	GSTIN	:	27AAACN4165C3ZP	
:		SAC	:	997139 (Other non-life insurance services excl RI)	
		: PO89410915   : GUT NO.178, PIMPELNER AREA, SINDKHEDRAJA ROAD, NEAR BULDHANA URBAN BANK WAREHOUSE, DEULGAON RAJA, DISTBULDANA   DEOLGAON RAJA ,MAHARASHTRA, 443204   :   :   :   :   :	Insureds Details Office Code   : PO89410915 Office Code   : GUT NO.178, PIMPELNER AREA, SINDKHEDRAJA ROAD, NEAR BULDHANA URBAN BANK WAREHOUSE, DEULGAON RAJA, DISTBULDANA Address   DEOLGAON RAJA ,MAHARASHTRA, 443204 Phone No   : Phone No   : S.Tax Regn. No   : 27AENPD0789E1ZF / NA	Insureds Details Iss   : PO89410915 Office Code :   GUT NO.178, PIMPELNER AREA, SINDKHEDRAJA ROAD, NEAR BULDHANA URBAN BANK WAREHOUSE, DEULGAON RAJA, DISTBULDANA Address :   DEOLGAON RAJA ,MAHARASHTRA, 443204 Phone No :   : Phone No :   : S.Tax Regn. No :   : 27AENPD0789E1ZF / NA GSTIN	

Policy Details							
Policy Number	:	1607004623010000081	Business Source Code				
Period of Insurance	:	From: 01/06/2023 12:00:01 AM To: 31/05/2024 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	:	01-Jun-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	HDFC BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
1,000	180	1,180	RUPEES ONE THOUSAND ONE HUNDRED EIGHTY ONLY	1607008123000000141 2 - 29/05/23
Location Details		Anand Oil Industries@ eulgaon Raja	GUT NO.178, PIMPALNER AREA SINDK	HEDRAJA ROAD,At-

First Loss Percentage

: NA Details of assets covered under the Policy

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	oil seed, Hulls,oil cake,oil in tank & barrels	1000000			

Goods held in Trust / Commision						
GOODS HELD DETAILS Sum Insured						
NA 0						
Furniture / Fixture / Fittings						
FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured					
NA	0					
	GOODS HELD DETAILS NA • / Fixture / Fittings FURNITURE/FIXTURE/FITTINGS DETAILS					

Office Ec	quipments	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured

Policy No. : 16070046230100000081Document generated by 33037 at 29/05/2023 12:20:22 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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 Ornbudsman. 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					
SI. No. COINS/CURRENCY/CURIOS DETAILS Sum Insured					
1	NA	0			

SI. No.	OTHER ITEM DETAILS	Sum Insured	
1 NA		0	
Add o	n Covers	Sum Insured (₹)	
Other Extension		NOT OPTED	
Theft Extension		NOT OPTED	
Terrorism		NOT OPTED	

special conditions	ŀ	materials & such other goodspertaining to insured's trade situated
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

## Premium and GST Details

	Rate of Tax Amou	
Premium		₹ 1,000
SGST	9	90
CGST	9	90
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 29th day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 29/05/2023

Duly Constituted Attorney(s)

Dt.\_\_\_\_ \_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt Mudrank 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 : 16070023P0002362

**IRDA Registration Number: 190** NIA PAN NUMBER: AAACN4165C

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