



## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

| Insured's Name    | : | : SHRI SAI COTTON GINNING & PRESSING FACTORY         |                |   |  |  |  |
|-------------------|---|--|----------------|---|--|--|--|
| Insured's Details |   | Issuing Office Details                               |                |   |  |  |  |
| Customer ID       | : | POA5460234   | Office Code    | Office Code : AURANGABAD DO-160400 (160400) |  |  |  |
| Address           | : | 1/16/905,NEAR HANUMAN TEMPLE,<br>GOKUL NAGAR, NANDED | Address        | :   | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |  |
|                   |   | NANDED ,MAHARASHTRA, 431602                          |                |   |  |  |  |
| Phone No          | : |  | Phone No       | :   | 02402333572 / 02402333361  |  |  |
| E-mail/Fax        | : | Dmandhani@gmail.com, /                               | E-mail/Fax     | :   | nia.160400@newindia.co.in /<br>02402331226                       |  |  |
| PAN No            | : |  | S.Tax Regn. No | :   | AAACN4165CST178  |  |  |
| GSTIN/UIN         | : | 27AATFS5354C1ZW / NA                                 | GSTIN          | :   | 27AAACN4165C3ZP  |  |  |
|                   | : |  | SAC            | :   | 997139 (Other non-life insurance services excl RI)               |  |  |

|                     |   |   | Poli     | cy Details   |             |   |                                      |   |
|---------------------|---|---|----------|--|-------------|---|--------------------------------------|---|
| Policy Number       | : | 1604004823030000                          | 0045     | Business Sour  | ce Code     |   |                                      |   |
| Period of Insurance | : | From: 03/06/2023 0<br>02/06/2024 11:59:50 |          | Dev.Off.<br>level/Broker/C<br>Agent/Web<br>Aggregator/CF | •           | : | (DA3388757)                          | urance Brokers Pvt. Ltd<br>ance Brokers Pvt.Ltd |
| Date of Proposal    | : | 03-Jun-23                                 |          | Agent/Bancas<br>pecified Perso                           |             | : |                                      |   |
| Prev. Policy no.    | : |   |          | Phone No   |             | : | 02402350377, 9850049400 / NA         |   |
| Client Type         | : | Non-Corporate                             |          | E-mail/Fax   |             | : | kailash@jainuineinsurance.co.in, / / |   |
| Premium(₹)          |   | GST(₹)                                    | Total(₹) | Т  | tal (₹ in w | r | dc)                                  | Receipt No. & Date                              |

| Premium(<) | (7) 120 | l otal(<) | l otal (< in words)                                   | Receipt No. & Date                 |
|------------|---------|-----------|---|------------------------------------|
| 8,800      | 1,584   | 10,384    | RUPEES TEN THOUSAND THREE<br>HUNDRED EIGHTY-FOUR ONLY | 160400812300000265<br>3 - 05/06/23 |

| Money in safe (during and after business hours) |   | : | 1000000            |  |  |  |  |
|---|---|---|--------------------|--|--|--|--|
| Money ir  | n Till  | : | 1000000            |  |  |  |  |
| SI. No.   |   |   | Location & Address |  |  |  |  |
| 1   | Shri Sai Cotton Ginning & Pressing Factory<br>1/16/905,Near Hanuman Temple, Gokul Nagar, nanded-431602      |   |                    |  |  |  |  |
| 2   | Office Address: SHREE BALAJI AGROTECH<br>1-16-905, Mandhani Niwas, Near Hanuman Temple, Gokul Nagar, Nanded |   |                    |  |  |  |  |
| 3   | Dinesh Mandhani, Manish Mandhani<br>House No 87, Near Panchmukhi Hanuman Mandir, Ganesh Nagar, Nanded       |   |                    |  |  |  |  |
| 4   | Cash Will Be Carried By The Owner And Any Authorized Employees Within 500 KMS Radius To ,etc.               |   |                    |  |  |  |  |
| 5   | FACTORY, OFFICE, BANKS & ALL PARTNER RESIDENCE, ETC   |   |                    |  |  |  |  |
| 6   | SHREE BALAJI AGROTECH   |   |                    |  |  |  |  |
|   | Survey No / Gut No: 54 Gopa Tq: Gangakhed Dist Parbhani-431514  |   |                    |  |  |  |  |

| SECTIO  | N - 1        |   |  |  |
|---------|--------------|---|--|--|
| SI. No. | Sub Sections | Single Carrying Limits<br>for - Cash/Coin/<br>Travelers Cheques/<br>Bank drafts | Single Carrying Limits<br>for - Foreign Currency |  |

Policy No. : 1604004823030000045Document generated by 40073 at 05/06/2023 18:49:32 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 |  |
|---------------------|--|--|----------------------------|--|-----|--|
| 1.                  | Section 1 A - Money for the<br>salaries and other earning of<br>direct transit from the bank<br>premises from the time the<br>the bank by the insured or<br>employee/ s of the Insured<br>premises or other place of of<br>whilst there until paid out p<br>business hours such cash s<br>locked safe or locked strong<br>premises. Cheques drawn<br>provide for such cash are co<br>from the premises to the Ba | or for petty cash in<br>to the Insureds<br>cash is received at<br>the authorized<br>until delivered at the<br>disbursement and<br>rovided that out of<br>hall be secured in<br>g room on the<br>by the insured to<br>overed in transit | 10000000                   | 0  | 0   |  |
| 2.                  | Section 1 B - Money (other<br>above) in the personal cust<br>the authorized employee/s<br>in direct transit between th<br>bank or post office and vice   | ody of the insured or<br>of the insured whilst<br>e premises and the   | 10000000                   | 0  | 0   |  |
| 3.                  | Section 1 C - Money ( other<br>and 1B above ) collected by<br>custody of the insured or the<br>employee/s of the insured w<br>premises or hank within a p<br>48 hours from the time of co<br>versa   | / and in the personal<br>le authorized<br>whilst in transit to the<br>period not exceeding   | 10000000                   | 0  | 0   |  |
| Limit ov<br>(Estima | ver the Policy period<br>ted Annual Turnover)  | : 10000000   |                            |  |     |  |
| SECTIC              | DN - II  |  |                            |  |     |  |
|                     | oney in safe (during and afte<br>s hours) held per annum   | r : 1000000  |                            |  |     |  |
| Total m             | oney in Till   | : 10000000   |                            |  |     |  |
| Total Su            | um Insured for Sec.II  | : 2000000  |                            |  |     |  |
| Ontion              | al Covers  |  | Sum Insured                | ( <i>J</i> )                                 |     |  |
| SRCC C              |  |  | NOT OPTED                  |  |     |  |
| Terroris            |  |  | NOT OPTED                  |  |     |  |
|                     |  |  |                            |  |     |  |
| Risk De             |  |  |                            |  |     |  |
| 1.                  | Maximum distance over wh   |  | veyed                      | 500  |     |  |
| 2.<br>3.            | Details of employees handl   | ing money  |                            | Cash carried by Any Employee of the Company. |     |  |
|                     | How is money carried   |  |                            | BAGS, SUITCASE WITH LOCK OR WI               |     |  |
| 4.<br>5.            | Mode of Transport<br>Details of armed guards or  | any other protoction   | ANY MODE OF TRANSPOR<br>NA |  |     |  |
| 5.<br>6.            | Details of money kept outsi  |  | NA                         |  |     |  |
| 0.<br>7.            | Is the safe where money is   |  | NA                         |  |     |  |
| 7.<br>8.            | By whom are the keys held  |  | 5 01 11001                 | NA   |     |  |
| 9.                  | Are all the keys removed or  |  |                            | No   |     |  |
|                     |  |  |                            |  |     |  |
| Special             | Conditions   | : Section 1 A ₹ 1,   | 00,00,000/- (100 l         | Lakhs)                                       |     |  |
|                     |  | Section 1 B ₹ 1,0  | 00,00,000/- (100 Lakhs)    |  |     |  |
|                     |  | Section 1 C ₹ 1,0  |                            |  |     |  |
|                     |  |  |                            |  |     |  |

: 5000 Excess This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

## Premium and GST Details

| Rate of Ta | x Amount in INR |
|------------|-----------------|
| Premium    | ₹ 8,800         |
| SGST 9     | 792             |
| CGST 9     | 792             |

Section 2 ₹ 1,00,00,000/- (100 Lakhs)

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## IGST

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 05th day of June,2023.

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For and on behalf of The New India Assurance Company Limited

Date of Issue: 05/06/2023

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 : 16040023P0003879

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C