



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	AMIT COT FIBRE			
		Insureds Details	Issuing Office Details		
Customer ID		POA5417762	Office Code	:	JALNA BRANCH (160501)
Address	:	NEAR SURYA HOTEL, NH-06, NANDURA ROAD, MALKAPUR, DIST BULDHANA	Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
		Buldhana ,MAHARASHTRA, 443101			
Phone No			Phone No	:	02482232708 / 02482232709
E-mail/Fax		amitcotfibre@gmail.com, /	E-mail/Fax	- I:	nia.160501@newindia.co.in /
PAN No			S.Tax Regn. No	- I:	AAACN4165CST178
GSTIN/UIN		27AAUFA3586B1Z9 / NA	GSTIN	:	27AAACN4165C3ZP
			SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number	16050146230100000043	Business Source Code	Business Source Code			
Period of Insurance	: From: 01/06/2023 02:20:45 PM 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	T:	kailash@jainuineinsurance.co.in, //	

Financier(s) Details	
SI. No. Name of the Financiers	
1	ICICI BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
15,000	2,700	17,700	RUPEES SEVENTEEN THOUSAND SEVEN HUNDRED ONLY	1605018123000000184 5 - 01/06/23	
Location Details		Debashish Ghosh,S/O llage-Ghatbaor,PO-Bo	Nepal Ghosh, ngaon,Disr-North 24 Parganas-74323	5	

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	Cotton,F.P Bales	3000000		

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.	o. OFFICE EQUIPMENT DETAILS Sum Insured				
1	NA	0			

Coins / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



1	NA			0			
Descript	tion of other item						
SI. No.		R ITEM DE	TAILS	Sum Insured			
1		NA NA			0		
	Add on Covers			Sum Insu			
Other Ex				NOT OF	` '		
Theft Ex				NOT OF	PTED		
Terrorisi				NOT OF	PTED		
Special Conditions : I		: In the Village	In the Godown of Debashish Ghosh, S/O Nepal Ghosh, illage-Ghatbaor, PO-Bongaon, PS-Bongaon, Disr-North 24 Parganas-743235				
Excess		: 1000					
This Poli	icy shall subject to BURGLAR	olicy cla	auses attached herewith.				
Premium	and GST Details						
			Rate of Tax	Amo	ount in INR		
Premium				₹	15,000		
SGST			9	135	0		
CGST			9	135	0		
IGST			0	0			
set his (ss whereof the undersigned b their) hand(s)	eing duly	authorised by the Insurers a	nd on beha	If of the Insurers has (h	ave) hereunder	
on this (1st day of June,2023.						

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/06/2023

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: 16050123P0002018

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C