



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

### UIN NUMBER - IRDAN190P0098100001

Insured's Name		LAXMI COTSPIN LTD			·	
Insureds Details				Issuing Office Details		
Customer ID		PO93163640	Office Code	:	JALGAON (160700)	
Address		GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION)	Address		MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
Phone No		JALNA ,MAHARASHTRA, 431203	Phone No		02572236189 / 02572232179	
PHONE INC		1	PHONE NO	-+-	02372230109702372232179	
E-mail/Fax		cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
PAN No			S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN		27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP	
			SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details					
Policy Number	: 16070046230100000125		Business Source Code		
Period of Insurance	:	From: 01/07/2023 12:00:01 AM To: 31/08/2023 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	:	01-Jul-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	
2	AXIS BANK LTD	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
9,375	1,688	11,064	RUPEES ELEVEN THOUSAND SIXTY- FOUR ONLY	1607008123000000233 3 - 03/07/23
Location Details : LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD,				

#### First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade		
SI. No.	STOCK DETAILS	Sum Insured
1	COTTON FULLY PRESS BALES	5000000

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

Furniture / Fixture / Fittings			
SI. No.	No. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured		
1	NA	0	

Office Equipments		
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured

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



		A ASSUR		
SI. No.	OFFICE EQUIPM	MENT DETAILS	Sum Insured	
1	N <sub>i</sub>		0	
Calma / Comman and mate				
Coins / Currency note	coins/currency	ICURIOS DETAILS	Sum Insured	
1	N.		0	
		•		
Description of other		A DETAIL C		
Sl. No.	OTHER ITE		Sum Insured	
1	N.	4	0	
Add on	Covers		Sum Insured (₹)	
Other Extension			NOT OPTED	
Theft Extension			NOT OPTED	
Terrorism			NOT OPTED	
Special Conditions	: I W	AXMI COTSPIN LTD, AREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD, PP MEENATAI THAKARE VRIDHASHRAM JALNA 431203		
Excess		5000	,	
Premium and GST Detai	ls	Rate of Ta		
Premium			₹ 9,375	
SGST CGST		9 9	844 844	
IGST		0	0	
In witness whereof the set his (their) hand(seen this 03rd day of Ju	)	duly authorised by the Insure	rs and on behalf of the Insurers has (have) hereunde	
			For and on behalf of The New India Assurance Company Limited	
Date of Issue: 03/07/	2023			
			Duly Constituted Attorney(s)	
		dated Stamp Fees Paid by Pay ty under the Policy is ₹1/	y Order Numbervide receipt	

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: 16070023P0003926

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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