



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) JALNA ,MAHARASHTRA, 431203	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
Phone No		CALLAN, MARIA MARIANA, TOTALO	Phone No	:	02572236189 / 02572232179	
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	:	16070046230100000188	D0188 Business Source Code		
Period of Insurance	:	From: 01/09/2023 12:00:01 AM To: 30/09/2023 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-Sep-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
6,250	1,126	7,377	RUPEES SEVEN THOUSAND THREE HUNDRED SEVENTY-SEVEN ONLY	1607008123000000394 3 - 28/08/23
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.	lo. GOODS HELD DETAILS Sum Insured			
1	NA	0		

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

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

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GI NI OF	FIGE FOLUDIATION DETAIL				
	· ·			Sum Insured	
1	NA		0		
Coins / Currency notes					
SI. No. COINS	CURRENCY/CURIOS DE	ETAILS	Sum Insured		
1	NA			0	
Description of other item					
SI. No.	OTHER ITEM DETAILS			Sum Insured	
1	NA			0	
Add on Covers			·	.l (35)	
Add on Covers Other Extension			om Insure NOT OPTE		
Theft Extension			NOT OPTE		
Terrorism			NOT OPTE		
Terrorism			NOT OF IL		
Special Conditions : LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA OPP MEENATAI THAKARE VRIDHASHRAM JALNA 431203				KAJLA PHATA, JALNA AMBAD ROAD, 431203	
Excess	: 5000	-			
Premium and GST Details		Rate of Tax	Amour	nt in INR	
Premium			₹	6,250	
GGST		9	563		
CGST		9	563		
GST		0	0		
In witness whereof the undersi set his (their) hand(s)	gned being duly author	rised by the Insurers and	on behalf	of the Insurers has (have) hereunder	
on this 28th day of August,202	3.				
				For and on behalf of	
			The New	India Assurance Company Limited	
Date of Issue: 28/08/2023					
			D	ouly Constituted Attorney(s)	
MudrankDt	consolidated Stam	np Fees Paid by Pay Orde	r Number_	vide 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.

____dt._____. Stamp Duty under the Policy is ₹1/-.

number___

Tax Invoice No : 16070023P0006610

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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