Coins / Currency notes

SI. No.





## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## LIIN NI IMRED - IDDANIAODOOQ8100001

Insured's Name				UIN NUMBER - IRD	AN190P0098	3100001				
Customer ID	Insured's Name	:	ROSHAN COT FIBE	RS						
Address		ا	nsureds Details		Issuing Office Details					
ROAD, NEAR MANDI, ANJAD	Customer ID	:	PO95783637					JALNA BRANCH (160501)		
Phone No	Address	:			Address		:	STAND AURA		
E-mail/Fax   1   ainprafull1967@gmail.com, / E-mail/Fax   1   nia.160501@newindia.co.in / PAN No   1   AAPFR9230E   S.Tax Regn. No   1   AAACN4165CST178			ANJAOI ,MADHYA	PRADESH, 451556				,431203		
PAN No	Phone No	<u> </u> :			Phone No		<u> </u> :	02482232708	3 / 02482232709	
STINVUIN		<u> </u> :	jainprafull1967@gm	ail.com, /			:	nia.160501@newindia.co.in /		
SAC	PAN No	<u>:</u>	AAPFR9236E			No	:			
Policy Number   1   16050146230100000083   Business Source Code	GSTIN/UIN	<u>:</u>	23AAPFR9236E1Z0	) / NA	GSTIN		:	27AAACN4165C3ZP		
Policy Number		:			SAC		:			
Period of Insurance				Policy	Details					
Date of Proposal   Continue	Policy Number	<u> </u> :	1605014623010000	0083	Business Sou	rce Code				
Prev. Policy no.     Phone No	Period of Insurance	:			level/Broker/Corp. Agent/Web		:	(DA3388757) Jainuine Insurance Brokers Pvt.Ltd		
Client Type	Date of Proposal	:	04-Aug-23		Agent/Bancas pecified Perso	ent/Bancassurance/S ified Person				
Si. No.   STOCK DETAILS   Sum Insured	Prev. Policy no.	:			Phone No		:	02402350377	, 9850049400 / NA	
Si. No.	Client Type	:	Non-Corporate		E-mail/Fax	ax		kailash@jainuineinsurance.co.in, //		
Si. No.				Einanoia	r(e) Dotaile					
Premium(₹)   GST(₹)   Total(₹)   Total (₹ in words)   Receipt No. & Date	SI No			i manole		Financiars				
7,500										
HUNDRED FIFTY-ONE ONLY   5 - 05/08/23	Premium(₹)		GST(₹)	Total(₹)	Т	Total (₹ in wo		ds)	Receipt No. & Date	
SR.NO 74/22,RAKBA 0.062,BARWANI ROAD,ANJAD-451556   First Loss Percentage   : NA	7,500		1,350	8,851					1605018123000000408 5 - 05/08/23	
Details of assets covered under the Policy	Location Details									
Stocks in Trade         STOCK DETAILS         Sum Insured           1         Cotton F.P Bales         30000000           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.         OFFICE EQUIPMENT DETAILS         Sum Insured	First Loss Percentage	)	: N	A						
SI. No.         STOCK DETAILS         Sum Insured           1         Cotton F.P Bales         30000000           Goods held in Trust / Commision         SI. No.         GOODS HELD DETAILS         Sum Insured           1         NA         0           Furniture / Fixture / Fixture / Fixture / Fixture/			[	Details of assets cov	ered under ti	ne Policy				
1         Cotton F.P Bales         30000000           Goods held in Trust / Commision           SI. No.         GOODS HELD DETAILS         Sum Insured           1         NA         0           Furniture / Fixture / Fixture / Fixture / Fixture/Fixt						ı				
Goods held in Trust / Commision           SI. No.         GOODS HELD DETAILS         Sum Insured           1         NA         0           Furniture / Fixture / Fixture / Fixture / Fixture/Fixture			STOCK DETAILS							
SI. No.         GOODS HELD DETAILS         Sum Insured           1         NA         0           Furniture / Fixture / Fix	1		Cotton F.	P Bales		3000000				
1         NA         0           Furniture / Fixture / Fi		Cor				T				
Furniture / Fixture /										
SI. No.         FURNITURE/FIXTURE/FITTINGS DETAILS         Sum Insured           1         NA         0           Office Equipments           SI. No.         OFFICE EQUIPMENT DETAILS         Sum Insured	1	NA 0								
1 NA 0  Office Equipments SI. No. OFFICE EQUIPMENT DETAILS Sum Insured	Furniture / Fixture / F	ittir	ngs							
Office Equipments SI. No. OFFICE EQUIPMENT DETAILS Sum Insured	Sl. No.	FU	JRNITURE/FIXTURE	/FITTINGS DETAILS		Sum Insured				
SI. No. OFFICE EQUIPMENT DETAILS Sum Insured	1		N.A	A.					0	
SI. No. OFFICE EQUIPMENT DETAILS Sum Insured	Office Equipments									
			OFFICE EQUIPM	IENT DETAILS				Sum I	nsured	
			NA	\						

COINS/CURRENCY/CURIOS DETAILS

Sum Insured

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



1		NA	0					
			•					
	ion of other item							
SI. No.	OTHER	ITEM DETAILS		Sum Insured				
1		NA		0				
	Add on Covers		Sum Insured (₹)					
Other Ex	tension		NOT OPTED					
Theft Ex	tension		NOT OPTED					
Terrorisr	n		NOT OPTED					
		T						
Special (	Conditions :	OMPRAKASH BARFA S/O MA	OMPRAKASH BARFA S/O MANGILAL BARFA ,					
		SR.NO 74/22, RAKBA 0.062,	BARWANI ROAD,	ANJAD, DIST BARWANI				
Excess		1000						
This Poli	cy shall subject to BURGLARY p	olicy clauses attached herewit	h.					
Premium	and GST Details							
		Rate of	Tax Amo	ount in INR				
Premium			₹	7,500				
SGST		0	0					
CGST		0	0					
IGST		18	1350	0				
In witnes	ss whereof the undersigned bei	ng duly authorised by the Insu	rers and on beha	lf of the Insurers has (have) hereunder				
	5th day of August,2023.							
011 (1115 0	311 day 01 / (aga3t,2023.							
				For and on behalf of				
			The Ne	w India Assurance Company Limited				
Date of I	ssue: 05/08/2023							
Date of i	ssue. 03/00/2023							
				Duly Constituted Attorney(s)				
				bary constituted factorine y(s)				
Mudrank	. Dt. con	solidated Stamp Fees Paid by F	Pay Order Numbe	r vide receipt				
		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: 16050123P0004636

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C