



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

	_	<u> </u>						
Insured's Name	<u> :</u>	M/S. SIDDHARTH F	FIBRE	1				
	$\overline{}$	nsureds Details				ISS	uing Office Det	
Customer ID	:	PO94499906		Office Code		:	JALNA BRAN	NCH (160501)
Address	:	BARDA ROAD, AN BARWANI, MADHY	JAD, DIST- A PRADESH-451556	Address		:	STAND AURA	AKKAD KOT NEAR BUS ANGABAD ROAD JALNA
		ANJAOI ,MADHYA I	PRADESH, 451556				,431203	
Phone No	1:	,	,	Phone No		:	02482232708	3 / 02482232709
E-mail/Fax	: siddharthfibre@rediffmail.com, /		E-mail/Fax		:	nia.160501@newindia.co.in /		
PAN No	: ABMFS4253L		S.Tax Regn. N	No	:	AAACN41650	CST178	
GSTIN/UIN	1:	23ABMFS4253L1ZU	J / NA	GSTIN		:	27AAACN416	65C3ZP
	:			SAC		:	997139 (Othe excl RI)	er non-life insurance services
			Deller	Deteile				
Policy Number	T:	1605014623010000		Details	roo Codo			
Period of Insurance	<del> </del>			Business Source Code  Dev.Off. : Jainuine Insurance Brokers			surance Brokers Pvt. Ltd	
renod of insurance	ľ	: From: 27/08/2023 04:39:46 PM To: 26/09/2023 11:59:59 PM		level/Broker/C Agent/Web Aggregator/Cl	•		(DA3388757)	rance Brokers Pvt.Ltd
Date of Proposal	:	27-Aug-23		Agent/Bancas pecified Perso		:		
Prev. Policy no.	:			Phone No		:	02402350377	7, 9850049400 / NA
Client Type	:	Non-Corporate		E-mail/Fax		:	kailash@jainu	uineinsurance.co.in, //
			<b>F</b> !	-(-) D-4-!!-				
OL NI-	1		Financie	r(s) Details				
SI. No.				Name of the				
1				HDFC BAN	NKLID			
Premium(₹)		GST(₹)	Total(₹)	Т	otal (₹ in w	vor	ds)	Receipt No. & Date
2,500		450	2,951	RUPEES TWO THOUSAND NINE 16050181230000		1605018123000000479 5 - 28/08/23		
Location Details			VAREHOUSE GODO DAD,ANJAD, DIST-BA			MA	AHIPAL SINGH	H MANDLIOI, BARDA
First Loss Percentage		: N	A					
			Details of assets cov	ered under th	ne Policy			
Stocks in Trade								
Sl. No.		STOCK D	ETAILS				Sum I	nsured

Stocks in	n Trade	
Sl. No.	STOCK DETAILS	Sum Insured
1	F.P.COTTON BALES	2000000

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		
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		
Description of other ite	em				
Sl. No.		ITEM DETAILS	DETAILS Sum Insured		
1		NA			0
Add on C	```			una Inauna	.⊿ /≠\
Other Extension	overs			um Insure NOT OPT	
Theft Extension				NOT OPT	
Terrorism				NOT OPT	
Special Conditions		: WAREHOUSE ROAD, ANJAD, [	GODOWN NO. 1, Prop. DIST- BARWANI MP 451	. KAVITA   1556	MAHIPAL SINGH MANDLIOI, BARDA
Excess		: 1000			
This Policy shall subjec	t to BURGLARY	policy clauses atta	ached herewith.		
December and CCT Date No.					
Premium and GST Details			Rate of Tax	Amou	nt in INR
Premium			nace of rax	₹	2,500
SGST			0	0	,
CGST			0	0	
IGST			18	450	
In witness whereof the	undersigned be	ing duly authorise	ed by the Insurers and	on behalf	of the Insurers has (have) hereunde
set his (their) hand(s)	-	ing duly authorise	ed by the Insurers and	on behalf	of the Insurers has (have) hereunde
In witness whereof the set his (their) hand(s) on this 28th day of Aug	-	ing duly authorise	ed by the Insurers and	on behalf	of the Insurers has (have) hereunde
set his (their) hand(s)	-	ing duly authorise	ed by the Insurers and	on behalf	of the Insurers has (have) hereunde
set his (their) hand(s)	-	ing duly authorise	ed by the Insurers and	on behalf	
set his (their) hand(s)	-	ing duly authorise	ed by the Insurers and		For and on behalf of
set his (their) hand(s)	-	ing duly authorise	ed by the Insurers and		

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.

\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receipt

\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by \_\_\_\_\_dt.\_\_\_\_\_. Stamp Duty under the Policy is ₹1/-.

number

Tax Invoice No: 16050123P0005519

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Duly Constituted Attorney(s)