



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	: SHRI SAISHYAM COTSPIN				
Insureds Details			Issuing Office Details			
Customer ID	:	POA8071663	Office Code		: JALGAON (160700)	
Address	:	SURVEY NO. 19/4A & 19/5, MOUJE JOGBAN, BEHIND SHYAM WEIGH BRIDGE, OFF HIWARKHED ROAD, AKOT-, DIST. AKOLA AKOT ,MAHARASHTRA, 444101	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
Phone No	:		Phone No	:	02572236189 / 02572232179	
E-mail/Fax	:	sales@saishyamcotspin.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27ABWFS3819E1ZP / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number	:	16070046230100000210	Business Source Code			
Period of Insurance	:	From: 16/09/2023 03:00:39 PM To: 15/09/2024 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	:	16-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	STATE BANK OF INDIA SME BR AMRAVATI		

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
7,500	1,350	8,850	RUPEES EIGHT THOUSAND EIGHT HUNDRED FIFTY ONLY	1607008123000000444 4 - 16/09/23	
Location Details	: Survey No.19/4A & 19/5, Mouje Jogban, Behind Shyam Weigh Bridge, Off Hiwarkhed Road, Akot-, 444101				

## First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	On Stock of F.P Bales & such other goods in godown.	3000000			

Goods held in Trust / Commision				
SI. No.	o. 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		

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



			THOM ASSUMMEN					
Coins / C	Currency notes							
SI. No.		EN	CY/CURIOS DETAILS			Sum Insured		
1			NA			0		
Descripti	ion of other item							
SI. No.		R IT	EM DETAILS			Sum Insured		
1			NA	0				
	Add on Covers			Sum Ins	ure	ed (₹)		
Other Ex	tension			NOT C	PTI	ED		
Theft Ext	tension			NOT C	PTI	ED		
Terrorisn	n			NOT C	PTI	ED		
Special C	Conditions	:	SHRI SAISHYAM COTSPIN,					
l			Survey No. 19/4A & 19/5, Mouje Jog Road, Akot-, Dist. Akola- 444101	gban, Beh	ind	d Shyam Weigh Bridge, Off Hiwa	arkhed	
Excess		:	1000					
Premium a	and GST Details		Rate of Tax	An	nour	ınt in INR		
Premium				₹		7,500		
SGST			9	67				
CGST IGST			9	67 0	5			
In witnes	ss whereof the undersigned b heir) hand(s)	ein	g duly authorised by the Insurers a		alf	f of the Insurers has (have) here	eunder	
•	6th day of September,2023.							
Data at 1	16/00/2022			The N	lew	For and on behalf of v India Assurance Company Lin	nited	
Date of I	ssue: 16/09/2023				D	Duly Constituted Attorney(s)		
	Dtco dt Stam		olidated Stamp Fees Paid by Pay Or Outy under the Policy is ₹1/	rder Numb	er_	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.

Tax Invoice No : 16070023P0007482

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C