Coins / Currency notes

SI. No.





## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## LIIN NI IMRED - IDDANIAODOOQ8100001

		I	UIN NUMBER - IRD	AN190P0098	3100001					
Insured's Name	:	M/S. SIDDHARTH F	IBRE							
	ı	Insureds Details		Issuing Office Details						
Customer ID	:	PO94499906	Office Code		:	: JALNA BRANCH (160501)				
Address	: BARDA ROAD, ANJAD, DIST-BARWANI, MADHYA PRADESH-451556 ANJAOI ,MADHYA PRADESH, 451556			Address			STAND AUR	AKKAD KOT NEAR BUS ANGABAD ROAD JALNA		
						,431203				
Phone No	<u> </u> :		Phone No		: 0248223270		8 / 02482232709			
E-mail/Fax	<u>:</u>	siddharthfibre@redi	E-mail/Fax		<u> </u> :	nia.160501@	newindia.co.in /			
PAN No	<u>:</u>	ABMFS4253L	S.Tax Regn. I	. No		AAACN4165CST178				
GSTIN/UIN	<b>TIN/UIN</b> : 23ABMFS4253		J / NA	GSTIN		<u>:</u>	27AAACN4165C3ZP			
	<u>:</u>			SAC		:	997139 (Othe excl RI)	er non-life insurance services		
			Policy	Details						
Policy Number	T:	1605014623010000	0109	Business Sou	Business Source Code					
Period of Insurance	:	From: 28/09/2023 1: 27/10/2023 11:59:59	Dev.Off. level/Broker/C Agent/Web Aggregator/C	Corp. (DA3388757 Jainuine Inst			írance Brokers Pvt.Ltd			
Date of Proposal	:	28-Sep-23	Agent/Bancas pecified Perso		:					
Prev. Policy no.	:			Phone No		:	02402350377, 9850049400 / NA			
Client Type	:	Non-Corporate		E-mail/Fax	: kailash@jair			uineinsurance.co.in, //		
			Financie	r(s) Details						
SI. No.	_			Name of the						
1				HDFC BA	NK LTD					
Premium(₹)		GST(₹)	Total(₹)	Total (₹ in v			ds)	Receipt No. & Date		
2,499		450	2,950	RUPEES TWO THO HUNDRED FIF				1605018123000000579 2 - 27/09/23		
Location Details			WN NO.1,Prop.KAVITA MAHIPAL SINGH MANDLIOI, BARDA ARWANI-451556							
First Loss Percentage		: N	Λ							
i ii st Loss Fercentay	ت		etails of assets cov	ered under H	ne Policy					
Stocks in Trade		L	octario di doocto COV	crea unaer ti	ie i olicy					
SI. No.		STOCK D	FTAII S	Sum Insured						
1		F.P.COTTO	2000							
т		1.F.COTTO	N DALLS				2000	70000		
Goods held in Trust /	Cor	mmision								
Sl. No.			Sum Insured							
1			0							
Francisco (Fisters 12	-:44-1									
Furniture / Fixture / I			/FITTINGS DETAILS							
Sl. No.	FURNITURE/FIXTURE/FITTINGS DETAILS				Sum Insured					
1		NA	1	0						
Office Equipments										
Sl. No.			Sum Insured							
1		N/	\			_		0		
			·							

COINS/CURRENCY/CURIOS DETAILS

Sum Insured

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



1		N	4	0				
				•				
Descript	ion of other item							
SI. No.	OTHER	ITE	M DETAILS	Sum Insured				
1		N.	Α 0					
	Add on Covers			Cum Inci	unad /3\			
			Sum Insured (₹)					
Other Ex	rtension		NOT OPTED					
Theft Ex	tension		NOT OPTED					
Terrorisr	m		NOT OPTED					
Special Conditions   :   N			WAREHOUSE GODOWN NO. 1, Prop. KAVITA MAHIPAL SINGH MANDLIOI, BARDA OAD, ANJAD, DIST- BARWANI MP 451556					
Excess		: :	.000					
This Poli	cy shall subject to BURGLARY	polic	y clauses attached herewith.					
Premium	and GST Details							
			Rate of Tax	Am	ount in INR			
Premium				₹	2,499			
SGST			0	0				
CGST			0	0				
IGST			18	450				

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder

For and on behalf of The New India Assurance Company Limited

Date of Issue: 27/09/2023

set his (their) hand(s)

on this 27th day of September, 2023.

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receipt number\_\_\_\_\_\_dt.\_\_\_\_. Stamp 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: 16050123P0006955

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C