



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	NAVIN TRADELINK			
Insureds Details			Issuing Office Details		
Customer ID	:	POA5029192	Office Code	:	DO II AURANGABAD (160500)
Address	:	HOUSE NO. 18, GANDHI CHOWK, WANI, YAVATMAL,	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD
		WANI ,MAHARASHTRA, 445304			,431003
Phone No	:		Phone No	:	02402482688 / 02402480985
E-mail/Fax	:	vaibhavcottex@rediffmail.com, /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895
PAN No	:		S.Tax Regn. No		AAACN4165CST178
GSTIN/UIN	:	27AABHB4763L1Z5 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	16050046230100000166	Business Source Code		
Period of Insurance	:	From: 17/09/2023 03:57:08 PM To: 16/10/2023 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	:	17-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	SBI SME YAVATMAL

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,688	484	3,173	RUPEES THREE THOUSAND ONE HUNDRED SEVENTY-THREE ONLY	1605008123000000352 5 - 18/09/23
Location Details	: \ Go	/aibhav Cottex Pvt Ltc odown No.1,2,3,4,5,Gi	d, ut No.94/1,Village-Nilapur,Tq-Wani,-Y	avatmal.445304

: NA First Loss Percentage

## Details of assets covered under the Policy

Stocks in	Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured				
1	stock of cotton FP Bales whilst stored lying in Godown Cotton Seed, Soybean, Chana, Cotton FP Bales whilst stored &/or lying in factory Godown/& or Warehouse.	21500000				

Goods h	Goods held in Trust / Commision				
SI. No.	GOODS HELD DETAILS	Sum Insured			
1	NA	0			

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

Office Ed	quipments	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

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

number\_\_\_



Coins / Currency notes						
SI. No. COIN	S/CURRENC	CY/CURIOS DETAIL	_S		Sum Insured	
1		NA			0	
Description of other item						
Sl. No.	OTHER IT	EM DETAILS			Sum Insured	
1		NA			0	
Add on Covers			·	Sum Insure	ed (₹)	
Other Extension				NOT OPT	ED	
Theft Extension				215000	00	
Terrorism				NOT OPT	ED	
Special Conditions	:	Vaibhav Cottex I	Pvt Ltd,			
•		Godown No. 1,2,3 445304 MH	3,4 & 5, Gut No94/	1, Village-	Nilapur, Tah- Wani, Di	st-Yavatmal
Excess	:	1000				
This Policy shall subject to BU	RGLARY po	licy clauses attacl	hed herewith.			
This Policy shall subject to BU  Premium and GST Details	RGLARY po	licy clauses attacl		Amou	ent in IND	
Premium and GST Details	RGLARY po	licy clauses attacl	hed herewith.  Rate of Tax	Amou	int in INR 2.688	
	RGLARY po	licy clauses attacl			int in INR 2,688	
Premium and GST Details Premium	RGLARY po	licy clauses attacl	Rate of Tax	₹		
Premium and GST Details Premium SGST	RGLARY po	licy clauses attacl	Rate of Tax	₹ 242		
Premium and GST Details  Premium SGST CGST			Rate of Tax  9  9	₹ 242 242 0	2,688	ave) hereunder
Premium and GST Details  Premium SGST CGST IGST In witness whereof the under	signed bein		Rate of Tax  9  9	₹ 242 242 0	2,688	ave) hereunder
Premium and GST Details  Premium SGST CGST IGST In witness whereof the underset his (their) hand(s)	signed bein		Rate of Tax  9  9	₹ 242 242 0	2,688	ave) hereunder
Premium and GST Details  Premium SGST CGST IGST In witness whereof the underset his (their) hand(s)	signed bein		Rate of Tax  9  9	₹ 242 242 0	2,688 of the Insurers has (h	
Premium and GST Details  Premium SGST CGST IGST In witness whereof the underset his (their) hand(s)	signed bein		Rate of Tax  9  9	₹ 242 242 0 d on behalf	2,688	of
Premium and GST Details  Premium SGST CGST IGST In witness whereof the underset his (their) hand(s)	signed bein		Rate of Tax  9  9	₹ 242 242 0 d on behalf	2,688 of the Insurers has (h For and on behalf	of
Premium and GST Details  Premium SGST CGST IGST In witness whereof the underset his (their) hand(s) on this 18th day of Septembe	signed bein		Rate of Tax  9  9	₹ 242 242 0 d on behalf	2,688 of the Insurers has (h For and on behalf	of

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

Tax Invoice No : 16050023P0007361

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

\_dt.\_\_\_\_\_. Stamp Duty under the Policy is ₹1/-.