



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

| | | l | UIN NUMBER - IRD | AN190P0098 | 3100001 | | | | | |
|----------------------------|-----|-------------------------------------|--|---|--|---|--|-------------------------------------|--|--|
| Insured's Name | 1: | RIDDHI SIDDHI CO | TEX PVT LTD | | | | | | | |
| Insureds Details | | | Issuing Office Details | | | | | | | |
| Customer ID | : | PO97787986 | | Office Code | | : JALNA BRANCH (160501) | | | | |
| Address | : | GUT NO.236,237, T SHEVGAON, AHEM | ALNI DEVI ROAD, IADNAGAR | Address | | : | K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA | | | |
| | | SHEVGAON ,MAHA | RASHTRA, 414502 | | | | ,431203 | | | |
| Phone No | : | | | Phone No | | : | 02482232708 | / 02482232709 | | |
| E-mail/Fax | : | riddhisiddhi232@gm | nail.com, / | E-mail/Fax | | : | nia.160501@ı | newindia.co.in / | | |
| PAN No | -: | | | S.Tax Regn. I | No | : | AAACN41650 | ST178 | | |
| GSTIN/UIN | : | 27AAECR0237R1Z | Z / NA | GSTIN | | : | 27AAACN416 | 5C3ZP | | |
| | : | | | SAC | | : | 997139 (Othe excl RI) | r non-life insurance services | | |
| Policy Details | | | | | | | | | | |
| Policy Number | Τ: | 1605014623010000 | | Business Sou | rce Code | | | | | |
| Period of Insurance | : | From: 11/10/2023 1:59:59 | Dev.Off. level/Broker/C Agent/Web Aggregator/Cl | Corp. | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623). | | | | |
| Date of Proposal | : | 11-Oct-23 | | Agent/Bancas pecified Perso | surance/S | : | (0.00020020) | 97, | | |
| Prev. Policy no. | : | | | Phone No | | : | 02402350377 | 7, 9850049400 / NA | | |
| Client Type | : | Non-Corporate | | E-mail/Fax | | : | kailash@jainuineinsurance.co.in, // | | | |
| | | • | | • | | | , | , | | |
| | 1 | | Financie | (s) Details | | | | | | |
| SI. No. | - | | | Name of the | | | | | | |
| 1 | | | | AXIS BAN | K LTD . | | | | | |
| Premium(₹) | | GST(₹) | Total(₹) | T | Total (₹ in words) Receipt No. & Date | | | | | |
| 625 | | 112 | 738 | RUPEES SI | EVEN HUN EIGHT ON | | RED THIRTY- | 1605018123000000619 0 - 11/10/23 | | |
| Location Details | | | AKASH WAREHOUSI LUKA. SILLOD, DIST | SE GODOWN NO. 2, GUT NO. 345/1 A, VILLAGE RAJALWADI, T. AURANGABAD | | | | | | |
| First Loss Percentage | | : N | Α | | | | | | | |
| | | . , | Details of assets cov | ered under th | ne Policy | | | | | |
| Stocks in Trade | | | | | <u>, </u> | | | | | |
| SI. No. STOCK DETAILS | | | | | Sum Insured | | | | | |
| 1 Cotton FP Bales 10000000 | | | | | | | | | | |
| Goods held in Trust / | Con | nmision | | | | | | | | |
| SI. No. GOODS HELD DETAILS | | | | Sum Insured | | | | | | |
| 1 | | N <i>A</i> | <u> </u> | | | | (|) | | |
| | | | | | • | | | | | |

| 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 NA | 0 | | |
|---------|-----------------------------|---|--|--|
| | | | | |
| Descrip | I DESCRIPTION OF OTHER ITEM | | | |
| | | | | |

| Description of other item | | | | |
|---------------------------|--------------------|-------------|--|--|
| SI. No. | OTHER ITEM DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| Special Conditions | : | On stock of Cotton FP Bales stored in the godown |
|--------------------|---|--|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|-----|
| Premium | | ₹ | 625 |
| SGST | 9 | 56 | |
| CGST | 9 | 56 | |
| IGST | 0 | 0 | |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s)

on this 11th day of October, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 11/10/2023

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: 16050123P0007409

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C