



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | RIDDHI SIDDHI COTEX PRIVATE LTD | | | |
|----------------|------------------|--|-------------------------------------|---|---|
| | Insureds Details | | Issuing Office Details | | |
| Customer ID | : | POA4511283 | Office Code : JALNA BRANCH (160501) | | |
| Address | : | 5/302 A, KOVAI PRIVU, ALUKKULI, GOBICHETTIPALAYAM, ERODE KARATTADIPALAYAM ,TAMIL NADU, 638453 | Address | : | K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 |
| Phone No | : | | Phone No | : | 02482232708 / 02482232709 |
| E-mail/Fax | : | riddhisiddhi232@gmail.com, / | E-mail/Fax | : | nia.160501@newindia.co.in / |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 33AAECR0237R1Z6 / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | | |
|---------------------|---|--|---|---|---|--|
| Policy Number | licy Number : 16050146230100000115 Business Source Code | | | | | |
| Period of Insurance | : | From: 14/10/2023 12:00:01 AM To: 13/01/2024 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 | : | 14-Oct-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 | | KARUR VYSYA BANK BR AURANGABAD | | | | |
| | | | | | | |
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | | |

| 1,875 | 338 | 2,214 | RUPEES TWO THOUSAND TWO HUNDRED FOURTEEN ONLY | 1605018123000000623 8 - 11/10/23 | |
|--|-----|-------|--|-------------------------------------|--|
| Location Details : MC Spinners (P) Ltd 136/729-A, Varapalayam Road, Kolappalur Post638456, Gobichettipalayam (tk), Erode | | | | | |

Details of assets covered under the Policy

: NA

| Stocks in | Trade | | |
|----------------------|--|-------------|--|
| SI. No. | STOCK DETAILS | Sum Insured | |
| 1 | cotton waste,cotton bales,yarn,waste yarn,cloth, cloth waste | 1500000 | |
| Goods he | ld in Trust / Commision | | |
| SI. No. | GOODS HELD DETAILS | Sum Insured | |
| 1 | NA | 0 | |
| Furniture SI. No. | / Fixture / Fittings FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured | |
| 1 | NA | 0 | |
| Office Eq | uipments | | |
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured | |
| 1 | NA | 0 | |

Policy No. : 16050146230100000115Document generated by 36776 at 11/10/2023 18:39:44 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. For redressal of your grievance, if any,you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For dedresses and addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



| Coins / Currency | / notes | | | |
|------------------|-------------------------------|------------------|--|--|
| SI. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |
| Description of o | | Curry In surry d | | |
| SI. No. | OTHER ITEM DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |
| Ac | ld on Covers | Sum Insured (₹) | | |
| | | | | |

| Other Extension | NOT OPTED | | |
|-----------------|-----------|--|--|
| Theft Extension | NOT OPTED | | |
| Terrorism | NOT OPTED | | |
| | | | |

| Special Conditions | | MC Spinners (P) Ltd., 136/729-A, Varapalayam Road, Kolappalur Post - 638456, Gobichettipalayam (tk), Erode District, Tamilnadu. |
|--------------------|---|--|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|--|
| Premium | | ₹ 1,875 | |
| SGST | 0 | 0 | |
| CGST | 0 | 0 | |
| IGST | 18 | 338 | |
| | | | |

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 receiptnumber_____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 : 16050123P0007455

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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