



**POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE**

**UIN NUMBER - IRDAN190P0098100001**

<b>Insured's Name</b>	: VARDHMAN COT FIBERS		
<b>Insureds Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO83888275	<b>Office Code</b>	: RAHURI BRANCH 151804 (151804)
<b>Address</b>	: 370-1/2,GAUL JOSHI ROAD, CHHAIGAON DEVI, KHANDWA  CHHEGAON MAKHAN ,MADHYA PRADESH, 450771	<b>Address</b>	: SITAPLAZA COMPLEX, NAGAR MANMAD ROAD RAHURI,413705
<b>Phone No</b>	:	<b>Phone No</b>	: 02426233069 / 02426233070
<b>E-mail/Fax</b>	: vardhmancotfibers@gmail.com, /	<b>E-mail/Fax</b>	: nia.151804@newindia.co.in / 02426233070
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 23AAQFV8661G1ZO / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 15180446230100000033	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 01/11/2023 12:00:01 AM To: 31/10/2024 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Date of Proposal</b>	: 01-Nov-23	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

<b>Financier(s) Details</b>	
<b>Sl. No.</b>	<b>Name of the Financiers</b>
1	STATE BANK OF INDIA MIDC BR JALGAON.

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,500	450	2,950	RUPEES TWO THOUSAND NINE HUNDRED FIFTY ONLY	1518048123000000307 2 - 30/10/23
<b>Location Details</b>		: Vardhman CotFibers, 370-1/2,Gaul joshi road, Chhaigaon Devi, Khandwa- 450771		

<b>First Loss Percentage</b>	: NA
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**Details of assets covered under the Policy**

<b>Stocks in Trade</b>		
Sl. No.	STOCK DETAILS	Sum Insured
1	F.P Bales , Seeds etc in godown.	10000000

<b>Goods held in Trust / Commision</b>		
Sl. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0

<b>Furniture / Fixture / Fittings</b>		
Sl. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	NA	0

<b>Office Equipments</b>		
Sl. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

<b>Coins / Currency notes</b>		
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Policy No. : 15180446230100000033 Document generated by 39622 at 30/10/2023 16:42:32 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 details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured
1	NA	0

Description of other item		
Sl. 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 Godown stock:- F.P Bales , Seeds etc in godown.
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 2,500
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 set his (their) hand(s)  
on this 30th day of October,2023.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 30/10/2023

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 : 15180423P0003743

<p><b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b></p>
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