



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SOMANI GINNING & PRESSING			·
		Insureds Details		Iss	uing Office Details
Customer ID	:	POA4767693	Office Code	:	JALGAON (160700)
Address	:	GUT NO.340, A/P BALANAGAR, TQ PAITHAN DIST. AURANGABAD	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001
		BID-KINGAON ,MAHARASHTRA, 431105			
Phone No	:		Phone No	:	02572236189 / 02572232179
E-mail/Fax	:	somanigp@rediffmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAMFS9478A1ZQ / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number : 16070046230100000239 Business Source Code					
Period of Insurance	:	From: 15/11/2023 12:00:01 AM To: 14/05/2024 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	:	15-Nov-23	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	T:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //

Financier(s) Details	
SI. No.	Name of the Financiers
1	SARASWAT BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
3,000	540	3,541	RUPEES THREE THOUSAND FIVE HUNDRED FORTY-ONE ONLY	1607008123000000570 7 - 01/11/23
Location Details	: Somani Ginning & Pressing, Gut No.340, A/P Balanagar, Tg Paithan Dist. Aurangabad 431105			

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade		
SI. No.	STOCK DETAILS	Sum Insured
1	f.p Bales, Seeds etc	4000000

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

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

Office Ed	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)



CI NI-	CI NA		
Descrip	Description of other item		
1	NA	0	

Descript	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	:	Somani Ginning & Pressing, Gut No.340, A/P Balanagar, Tq Paithan Dist. Aurangabad 431105
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	3,000
SGST	9	270	
CGST	9	270	
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 01st day of November, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/11/2023

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: 16070023P0009613

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C