



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

		l	UIN NUMBER - IRI	DAN190P0098	100001				
Insured's Name	T:	M/S. SAMBHAVNA	TH AGRO PVT. LTD						
Insureds Details				Issuing Office Details					
Customer ID	:	POA6021036		Office Code : JALNA BRANCH				ICH (160501)	
Address	:	AT: NILAPUR ROAI YAVATMAL. WANI .MAHARASH	,	Address		:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203		
Phone No	٠.	WANI ,WAHARASH	TRA, 445504	Phone No		 	02482232708 / 02482232709		
E-mail/Fax	 :	naser@jainuineinsu	rance co in /	E-mail/Fax		Ė	nia.160501@newindia.co.in /		
PAN No	+:	naser @jamamemsa	141100.00.111,	S.Tax Regn. N	Jn	Ė	AAACN4165CST178		
GSTIN/UIN	:	27AAMCS6597F1Z0) / NA	GSTIN	10	Ė			
00111110111	:	277 WWO COCCTT 12	57141	SAC		:	997139 (Other non-life insurance services excl RI)		
			Polic	y Details					
Policy Number	1:	1605014623010000		Business Soul	rce Code				
Period of Insurance	:	: From: 27/11/2023 04:34:00 PM To: Dev.Off. Sev.Off. Jainuine Insurance Jainuine Insura		rance Brokers Pvt.Ltd					
Date of Proposal	:	27-Nov-23		Agent/Bancas pecified Perso	surance/S	:	(0100020023),		
Prev. Policy no.	:			Phone No		: 02402350377, 9850049400 / NA			
Client Type	:	Non-Corporate		E-mail/Fax		: kailash@jainuineinsurance.co.in, //			
			Financi	er(s) Details					
SI. No.				Name of the I	Financiers				
1				HDFC BANK LTD BR WANI					
Dromium (Ŧ)	1	CCT/#\	Total(#)		stal/#inu		oda)	Descipt No. C Date	
Premium(₹) 6.996		GST(₹) 1.260	Total(₹) 8.257		otal (₹ in w			Receipt No. & Date 1605018123000000783	
0,550		1,200	0,237		RUPEES EIGHT THOUSAND TWO HUNDRED FIFTY-SEVEN ONLY		4 - 28/11/23		
Location Details			1AHAVIRA AGRICAF AT NO. 67, NILAPUF		IDA, TQ: V	۷AI	NI. DISTT: YA	VATMAL.445304-445304	
First Loss Percentag	e	: N	A						
			Details of assets co	vered under th	e Policy				
Stocks in Trade									
SI. No.		STOCK DETAILS On Stock of Cotton Bales, Cotton Seeds			Sum Insured 20000000				
1	U	n Stock of Cotton E	saies,Cotton Seeds				2000	10000	
Goods held in Trust	/ Cor								
Sl. No.	GOODS HELD DETAILS				Sum Insured				
1		N <i>A</i>	1		0				

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

Coins / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



Sl. No.	OTHER IT	TEM DETAILS	Sum Insured		
1	-	NA	0		
Add on Covers		Sum Insured (₹)			
Other Extension		NOT OPTED			
heft Extension		NOT OPTED			
Terrorism		NOT OPTED			
Special Conditions : G		IN THE COMPOUND OF M/S. MAHAVIRA AGRICARE PVT. LTD, GAT NO. 67, NILAPUR ROAD, LALGUDA, TQ: WANI. DISTT: YAVATMAL.445304.			
Excess	:	1000			
This Policy shall su	ubject to BURGLARY po	plicy clauses attached herewith.			

	Rate of Tax	Amount in INR	
Premium		₹	6,996
SGST	9	630	
CGST	9	630	
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 28th day of November, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/11/2023

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: 16050123P0009380

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C