



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	SIDDHARTH FIBRE				
Insured's Details			Issuing Office Details			
Customer ID		POA1388677	OA1388677 Office Code	:	AURANGABAD DO-160400 (160400)	
Address	:	JEWARGI SURVEY NO.54,VILL- AWRAD,TALUKA-JEWARGI,DIST- KALABURGI JEWARGI ,KARNATAKA, 585310	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No	:		Phone No	:	02402333572 / 02402333361	
E-mail/Fax	:	siddharthfibre@rediffmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	29ABMFS4253L1ZI / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 16040048230300000091 Business Source Code						
Period of Insurance		From: 02/11/2023 04:03:44 PM To: 01/11/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	level/Broker/Corp. Agent/Web (DA3388757) Jainuine Insurance Brokers Pvi		
Date of Proposal	:	02-Nov-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, //	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
13,203	2,377	15,580	RUPEES FIFTEEN THOUSAND FIVE HUNDRED EIGHTY ONLY	1604008123000000994 3 - 03/11/23

Money in safe (during and after business hours)		:	10000000				
Money in Till		••	10000000				
Sl. No.	No. Location & Address						
1	SIDDHARTH FIBREJEWARGI SURVEY NO.54,VILL-AWRAD,TALUKA-JEWARGI,DIST-KALABURGI,KARNATAKA						
2	Bank,FACTORY,OFFICES, RESIDENCE OF ALL DIRECTOR/ PARTNER						

SECTIO	SECTION - 1								
SI. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency						
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	10000000	0	0					
2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa	10000000	0	0					

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



3.	Section 1 C - Money (other than 1B above) collected by a custody of the insured with the in	and in the personal	10000000		0	0	
	premises or hank within a pe 48 hours from the time of col versa	authorized hilst in transit to the riod not exceeding	10000000			U	
Limit ov (Estima	ver the Policy period ted Annual Turnover)	: 150000000					
Ontiona	Il Covers		Sum Insured	1 (3)			
SRCC Co			NOT OPTED	1 (4)			
Terroris			NOT OPTED				
16110113			INOTOTIED				
Risk Det	tails						
1.	Maximum distance over which	h money will be conve	yed		100		
2.	Details of employees handlin	g Money		Cash carried by Any Employee of the Company.			
3.	How is money carried			BAGS, SUITCASE WITH LOCK OR WI			
4.	Mode of Transport				ANY MODE OF	TRANSPOR	
5.	Details of armed guards or a	ny other protection			NA		
6.	Details of money kept outside	e business hours			NA		
7.	Is the safe where money is ke	ept, fixed to the walls o	or floor		No		
8.	By whom are the keys held				NA		
9.	Are all the keys removed out	side business hours			No		
Excess This Poli	icy shall subject to MONEY INS	3)BANK : 1000 URANCE policy clauses	s attached here	with.			
	and GST Details	, ,					
D			Rate of Tax		Amount in INR		
Premium SGST	•		0		₹ 13,203 0		
CGST			0		0		
IGST			18		2377		
In witne set his (ess whereof the undersigned bo (their) hand(s) on this 03rd day	eing duly authorised by of November,2023.	y the Insurers a	nd on	behalf of the Insurers	has (have) hereunder	
Date of	Issue: 03/11/2023			TI	For and on be		
Date of	133GC. 03/11/2023				Duly Constituted	l Attorney(s)	
	kDtco dt Stam			der Nu	umberv	ide receipt	

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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: 16040023P0015644

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C