



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	: SAI COTEX		
Insured's Details		Issuing Office Details	
Customer ID	: POA4488547	Office Code	: AURANGABAD DO-160400 (160400)
Address	: GAT NO. 34/2/2, 34/2/3, 1, GEORAI ROAD, BALAMTAKALI, AHMEDNAGAR, MAHARASHTRA KASEGAON P.O. ,MAHARASHTRA, 415404	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: saicotex@gmail.com, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27ABFFS0482C1ZD / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040048230300000092	Business Source Code	
Period of Insurance	: From: 02/11/2023 04:45:47 PM To: 01/11/2024 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	: 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
4,000	720	4,720	RUPEES FOUR THOUSAND SEVEN HUNDRED TWENTY ONLY	1604008123000000996 9 - 03/11/23

Money in safe (during and after business hours)	: 9900000
Money in Till	: 9900000

Sl. No.	Location & Address
1	SAI COTEX GAT NO 34/2/2 ,34/2/3, GEORAI ROAD Balam Takli DIST AHMEDNAGAR
2	FACTORY,BANKS,RESIDENCE OF ALL PARTNER / PROPRIETOR/ DIRECTOR

SECTION - 1				
Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
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.	9900000	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	9900000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection and vice versa	9900000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	50000000
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Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	300
2.	Details of employees handling Money	AUTHORIZED EMPLOYEE OR OWNER
3.	How is money carried	BAGS, TRUNKS, SUITCASE WITH LOCK
4.	Mode of Transport	PUB/PVT/HIRED VEH WA
5.	Details of armed guards or any other protection	NO
6.	Details of money kept outside business hours	SAFE CONSISTS OF WOODEN, STEEL CUBOARD
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	BY OWNER OR AUTHORISED EMP
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 99,00,000/- (99 Lakhs) Section 1 B ₹ 99,00,000/- (99 Lakhs) Section 1 C ₹ 99,00,000/- (99 Lakhs) Section 2 ₹ 99,00,000/- (99 Lakhs)
Excess	:	1000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4,000
SGST	9	360
CGST	9	360
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 03rd day of November, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 03/11/2023

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 : 16040023P0015685

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
