



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0126100001

| Insured's Name | nsured's Name : DURGESH CHILD CARE INTIATIVE LITTLE WINGS | | | | | | | |
|----------------|---|--|----------------|---|--|--|--|--|
| | | nsured's Details | | Issuing Office Details | | | | |
| Customer ID | : | POA9749863 | Office Code | Office Code : AURANGABAD DO-160400 (160400) | | | | |
| Address | : | NERA KABIR ENCLAVE OPP BRTS BUS STAND BOPAL AHMEDABAD ,GUJARAT, 380058 | Address | | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | | | |
| Phone No : | | XXXXXX9898 | X9898 Phone No | | 02402333572 / 02402333361 | | | |
| E-mail/Fax | : | pancholi.tejas@gmail.com, / | E-mail/Fax | | nia.160400@newindia.co.in / 02402331226 | | | |
| PAN No | : | | S.Tax Regn. No | | AAACN4165CST178 | | | |
| GSTIN/UIN | /UIN : NA / NA GSTIN | | GSTIN | : | 27AAACN4165C3ZP | | | |
| | : | | SAC | | 997139 (Other non-life insurance services excl RI) | | | |

| | | | Pol | icy Deta | ils | | | | |
|---------------------|---|--|------|----------|--|---|---|--|--|
| Policy Number | : | 1604004823030000 | 0101 | Busi | iness Source Code | | | | |
| Period of Insurance | : | From: 18/11/2023 1 17/11/2024 11:59:5 | | Age | .Off. I/Broker/Corp. nt/Web regator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623), | | |
| Date of Proposal | : | 18-Nov-23 | | | nt/Bancassurance/S fied Person | : | | | |
| Prev. Policy no. | : | | | Pho | ne No | : | 02402350377, 9850049400 / NA | | |
| Client Type | : | Non-Corporate | | E-m | ail/Fax | : | : kailash@jainuineinsurance.co.in, / / | | |
| D | | 0.07(5) | | | - | | | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|----------|---|-------------------------------------|
| 975 | 176 | 1,151 | RUPEES ONE THOUSAND ONE HUNDRED FIFTY-ONE ONLY | 1000008923110053398 1 - 17/11/23 |

| Location Details | | DURGESH child care little wings Nera kabir enclave opp brts bus stand bopal ahmedabad 380058 |
|---|---|--|
| Money in safe (during and after business hours) | : | 200000 |
| Money in Till | : | 200000 |

| SECTION - 1 | | | | | | | | |
|-------------|---|---|--|--|--|--|--|--|
| SI. 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. | 200000 | 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 | 200000 | 0 | 0 | | | | |

Policy No. : 16040048230300000101Document generated by QR_RENEWAL at 17/11/2023 17:25:14 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 isogenerative of the following offices 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.



| 3. Section 1 C - Money (other than described in 14 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 hank within a period not exceeding 48 hours from the time of collection and vice versa | | | 0 |
|--|--|--|---|
|--|--|--|---|

| Limit over the Policy period (Estimated Annual Turnover) | : | 2500000 | |
|---|---|---------|-----------------|
| | | | |
| Optional Covers | | | Sum Insured (₹) |
| SRCC Cover | | | NOT OPTED |

NOT OPTED

| Risk I | Details | | |
|--|--------------------------|--------------------------------------|---------------------------------------|
| 1. | Maximum distance over v | which money will be conveyed | 50 |
| 2. | Details of employees han | dling Money | NA |
| 3. | How is money carried | | BAGS/TRUNKS/SUITCASE WITH LOCK |
| 4. | Mode of Transport | | VEH PUB/PVT/HIRED WA |
| 5. | Details of armed guards | or any other protection | NO |
| 6. | Details of money kept ou | tside business hours | SAFE COSISTS OF WOODEN/STEEL CUPBOARD |
| 7. | Is the safe where money | is kept, fixed to the walls or floor | No |
| 8. | By whom are the keys he | ld | BY OWNER OR AUTHORISED EMP |
| 9. | Are all the keys removed | outside business hours | No |
| | | 1 1 | |
| Special Conditions : AS PER PROPOSAL FORM/POLICY | | : AS PER PROPOSAL FORM/POI | LICY. |
| Exce | SS | : 0 | |

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

Premium and GST Details

Terrorism

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 975 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 176 |

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 17th day of November,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 17/11/2023



(MRS. MADHURI DHONDGE) [DIVISIONAL MANAGER]

Duly Constituted Attorney(s)

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Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receiptnumber_____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 : 16040023P0016815

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C