



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	LAXMINARAYAN FIBER PVT LTD	·				
		ureds Details			Issuing Office Details		
Customer ID	:	POA5770386	Office Code	:	DO II AURANGABAD (160500)		
Address	:	GUT NO.275 & 276,HELESWADI, AT MANTHA DIST JALNA "- MANTHA ,MAHARASHTRA, 431504	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003		
Phone No	:		Phone No	:	02402482688 / 02402480985		
E-mail/Fax	:	laxminarayanfiber@gmail.com, /	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	27AACCL2664G1ZJ / NA	GSTIN	:	27AAACN4165C3ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

Policy Details						
Policy Number : 16050046230100000289 Business Source Code						
Period of Insurance	:	From: 19/12/2023 12:00:01 AM To: 18/01/2024 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	:	19-Dec-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, //	

Financier(s) Details			
SI. No. Name of the Financiers			
1	STATE BANK OF INDIA SENDHWA		

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
496	90	587	RUPEES FIVE HUNDRED EIGHTY- SEVEN ONLY	1605008123000000611 9 - 18/12/23
Location Details	0	godown of Bhushan Ag op BPCL Petro Pump N 31504	gro Industries lantha Jalna HighwayA/P Kendhali,Ma	antha431504

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in Trade							
SI. No.	STOCK DETAILS	Sum Insured					
1	On stock of cotton F P Bales, Cotton Seeds, &	3200000					
	Cotton seed Oil Cake,soyabean etc whilst stored &/or						
	lying in Godown / & or Warehouse.						

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

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

Office Eq	quipments	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured

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



1		NA					0		
Coins / 0	Currency notes								
SI. No.	COINS/CUF	RRENCY/CU	Sum Insured						
1		NA			0				
Descript	tion of other item								
SI. No.	OTH	HER ITEM D	ETAILS		Sum Insured				
1		NA					0		
	Add on Covers				Sum Insured	d (₹)			
Other E	xtension				NOT OPTE				
	tension				NOT OPTE	D			
Terroris	m				NOT OPTE	D			
Special	Conditions	: AS	PER POLICY						
Excess		: 0							
	icy shall subject to BURGLA	RY policy of	lauses attached	herewith.					
Premium	and GST Details								
				Rate of Tax	Amoun	t in INR			
Premium					₹	496			
SGST				9	45				
CGST				9	45				
IGST				0	0				
set his (ss whereof the undersigned their) hand(s) L8th day of December,2023		y authorised by t	he Insurers a	nd on behalf (of the Insu	rers has (have) hereunder		
on this .	Total day of December,2023								
					The New		on behalf of Irance Company Limited		
Date of	lssue: 18/12/2023								
					D	uly Constit	tuted Attorney(s)		
	<dt sta<="" td=""><td></td><td></td><td></td><td>der Number_</td><td></td><td>vide receipt</td></dt>				der Number_		vide receipt		

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: 16050023P0012297

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C