



## POLICY SCHEDULE FOR SHOPKEEPERS INSURANCE

Insured's Name	:	SONALI'S THE MAKEOVER PLACE			
		nsured's Details		lss	uing Office Details
Customer ID	:	POB0312391	Office Code	:	DO II AURANGABAD (160500)
Address	:	NEAR GANPATI MANDIR, BHOKARDAN, JALNA-431213 PIMPRI CHINCHWAD .MAHARASHTRA,	Address	:	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD .431003
		431213			PIMPRI CHINCHWAD
Phone No	:		Phone No	:	02402482688 / 02402480985
E-mail/Fax	:	/	E-mail/Fax	:	nia.160500@newindia.co.in / 02402486895
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	16050048230600000320	<b>Business Source Code</b>		
Period of Insurance	:	From: 07/12/2023 03:09:49 PM To: 06/12/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/IMF/Web Aggregator/CPSC User	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),
Date of Proposal	:	07-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, //

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
1,270	228	1,498	RUPEES ONE THOUSAND FOUR HUNDRED NINETY- EIGHT ONLY	1605008123000000578 1 - 07/12/23
Shop Address		Near Ganpati Man	The Makeover Place dir, Bhokardan, Jalna-431 dir, Bhokardan, Jalna-431	
Nature of Business trade		COSMETIC		

Section wise Premium Details:					
Section	Decription Cover	Sum Insured	Premium(₹)	Excess	
1A	Fire and allied perils-Building of Class A construction only	NOT OPTED	NOT OPTED	5 % of Claim Amount subject to a minimum of 10000	
1B	Fire and allied perils-Contents Excluding Money and valuables	600000	600	5 % of Claim Amount subject to a minimum of \$ 10000	
2	Burglary and House breaking	600000	642	NIL	
3A	Section 3A(Money in transit)	5000	75	NIL	
3B	Section 3B(Money in till or counter during business hours	10000	75	NIL	
3C	Money in locked safe in office outside business hours	10000	75	NIL	
4	Pedal Cycle	NOT OPTED	NOT OPTED	NIL	
5	Plate Glass	NOT OPTED	NOT OPTED	1% of Claim Amount.	



6	Neon and Glow sign	2000	17	NIL
7	Baggage Insurance	2000	14	NIL
8	Personal Accident	NOT OPTED	NOT OPTED	NIL
9	Fidelity Guarantee	NOT OPTED	NOT OPTED	NIL
10A	Public Liability Insurance	100000	40	NIL
10B	Workmens Compensation	NOT OPTED	NOT OPTED	NIL
11	Electronic Equipment Insurance	NOT OPTED	NOT OPTED	The first 5% of Claim Amount subject to minimum of ₹2500 in respect of each and every loss.
12	Business Interruption	NOT OPTED	NOT OPTED	7 Days of Gross Profit.

Details under: Sec1B Fire and allied perils-Contents- Excluding Money and valuables					
SI No:	Item	Description	Sum Insured		
1	Stock in Trade including Goods Held in Trust		500000		
		All types of Cosmetic, Salon Equipment,make up kit etc			
2	Furniture, Fixtures and Fittings	Shop Furniture, FITTING & FIXTURE	100000		

Details under: Sec2 Burglary and Housebreaking					
SI No:	Item	Description	Sum Insured		
1	1 Furniture, Fixtures and Fittings	Shop Furniture, FITTING & FIXTURE	100000		
2	2 Stock in Trade including Goods Held in Trust	hopkeeper policy	500000		
		All types of Cosmetic, Salon Equipment,make up kit etc			

Details under: Sec3 (Money Insurance) Cash in transit				
SI No:	Item	Description	Sum Insured	
1	Section 3A	Money in Transit	5000	
2	Section 3B	Money in till or counter during business hours)	10000	
3	Section 3C	Money in locked safe in office	10000	

Details under: Sec6 Neon Sign				
SI No	Make and Name of Manufacturer Details1 for Neon and Glow sign	Year of Manufacture for Neon and Glow sign	Sum Insured	

	Details under: Sec7 Baggage Insurance				
SI No		Personal effects of the insured /partners/Authorized employee	Sum Insured		
1	2000	0	Sum Insured		

Details under: Sec10A Public Liability	
	Amount
Limit of Liability	100000

Addon Covers		Sum Insured (₹)
Special Conditions	: AS PER POLICY	

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



Excess	:	0

The Policy shall be subject to SHOPKEEPERS INSURANCE policy clauses attached herewith.

## **Premium and GST Details**

	Rate of Tax	Amount in IN	
Premium		₹	1,270
SGST	9	114	
CGST	9	114	
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 07th day of December,2023.

For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

Date of Issue: 07/12/2023

Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receipt number\_\_\_\_\_\_dt.\_\_\_\_.

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: 16050023P0011675

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C