



## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0126100001

Insured's Name		M/S MILLENNIUM BOARDS PRIVATE I	IMITED			
	Insured's Details	Issuing Office Details				
Customer ID		PO93755014	Office Code	:	AHMEDNAGAR D.O. 151800 (151800)	
Address	:	PLOT NO. B-16, MIDC TEMBHURNI, TAL. MHADA, DISTRICT SOLAPUR, 413211, SOLAPUR, MAHARASHTRA TEMBHURNI (SOLAPUR) ,MAHARASHTRA, 413211	Address		ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
Phone No		XXXXX8406	Phone No	:	02412321538 / 02412329761	
E-mail/Fax	:	shubhangi@amazonwood.in, /	E-mail/Fax	:	nia.151800@newindia.co.in / 02412341439	
PAN No		AAHCM2916R	S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN		27AAHCM2916R1ZV / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 15180048230300000025 Business Source Code						
Period of Insurance	:	From: 22/12/2023 12:00:01 AM To: 21/12/2024 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	:	22-Dec-23	Agent/Bancassurance/S pecified Person	:		
Prev. Policy no.	:	15180048220300000026	Phone No	:	02402350377, 9850049400 / NA	
Client Type	:	Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
4,951	892	5,843	RUPEES FIVE THOUSAND EIGHT HUNDRED FORTY-THREE ONLY	1518008123000000848 5 - 28/12/23

Location Details	:	PLOT NO.B-16,MIDC TEMBHURNI, TAL.MHADA, DISTRICT SOLAPUR,413211, MAHARASHTRA
Money in safe (during and after business hours)	:	2000000
Money in Till	:	2000000

SECTION - 1								
Sl. 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.	2000000	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	0	0	0				

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



3.	Section 1 C - Money (other and 1B above) collected by custody of the insured or th employee/s of the insured w premises or hank within a p 48 hours from the time of coversa	e authorized hilst in transit to the eriod not exceeding	1000000	0	0		
Limit ov (Estimat	er the Policy period ted Annual Turnover)	: 30000000					
SECTIO	N _ II						
Total me	oney in safe (during and afte s hours) held per annum	r : 2000000					
Total mo	oney in Till	: 2000000					
Total Su	m Insured for Sec.II	: 4000000					
Ontiona	al Covers		Sum Insured	<i>(₹</i> )			
SRCC Co			NOT OPTED	(\)			
Terroris			NOT OPTED				
Risk Det	1		<del> </del>				
1.	Maximum distance over wh		/ed	250			
2.	Details of employees handli	ng money		NA DAC			
3.	How is money carried			BAG			
4. 5.	Mode of Transport	any other protection		ANY VEHICLE, PUBLIC T			
6.	Details of armed guards or any other protection NM  Details of money kept outside business hours NM						
7.	Is the safe where money is		r floor	No No			
8.	By whom are the keys held	kept, lixed to the walls o	1 11001	NA			
9.	Are all the keys removed ou	itside business hours		No			
	-	T 1	Į.				
Special	Conditions	: as per policy condi	tion				
Excess		:  5000		1.1			
	icy shall subject to MONEY IN  and GST Details	SURANCE PUILLY Clauses	Rate of Tax	Amount in INR			
Premium				₹ 4,951			
SGST			9	446			
CGST			9	446			
IGST			0	0			
In witne set his (	ss whereof the undersigned l their) hand(s) on this 28th da	peing duly authorised by ay of December,2023.	the Insurers and	d on behalf of the Insurers	has (have) hereunder		
Date of	Issue: 28/12/2023			For and on b The New India Assuranc			
Date of	.5540. 20,12,2025				1 Attama ( / )		
				Duly Constituted	(Attorney(s)		

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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: 15180023E0012532

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C