



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SHREEJEE COTEX			
Insureds Details			Issuing Office Details		
Customer ID		POA2997859	Office Code		JALGAON (160700)
Address	:	A/P. SAWALDA, TQ. SHAHADA, DIST. NANDURBAR	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001
		SHAHADE ,MAHARASHTRA, 425409			
Phone No	:		Phone No	:	02572236189 / 02572232179
E-mail/Fax	:	jsk.rajeshkediya@gmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27ACOFS1278G1ZQ / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details							
Policy Number	:	16070046230100000277	Business Source Code	Business Source Code			
Period of Insurance	:	From: 18/12/2023 01:44:47 PM To: 17/06/2024 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	:	18-Dec-23	Agent/Bancassurance/S pecified Person	:			
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA		
Client Type	T:	Non-Corporate	E-mail/Fax	T:	kailash@jainuineinsurance.co.in, //		

Financier(s) Details	
SI. No. Name of the Financiers	
1	HDFC BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
18,747	3,374	22,122	RUPEES TWENTY-TWO THOUSAND ONE HUNDRED TWENTY-TWO ONLY	1607008123000000694 2 - 18/12/23
Location Details	: (St	Shriram Godown)Ram ahada,Dist.Nandurba	lamesh Shripat Patil & Dilip Shripat Patil,Gut No.16/2 rbar-425424-425424	

: 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 FP Bales,cotton yarn,cotton seed,	5000000

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

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

Office Equipments				
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured		
1	NA	0		

Coins / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



1	NA NA		Α	0	
Descripti	ion of other item				
Sl. No.	No. OTHER ITEM		M DETAILS	Sum Insured	
1		N	4	0	
	Add on Covers			Sum Insured (₹)	
Other Extension			NOT OPTED		
Theft Extension NOT		NOT OPTED			
Terrorisn	n		NOT OPTED		
Special Conditions : Pu		(Shriram Godown),Mr. Ramesh Sh urushottamnagar, Tal. Shahada, D	nripat Patil & Dilip Shripat Patil, Gut No. 16/2, Dist. Nandurbar - 425424		
		1000			

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	18,747
SGST	9	1687	
CGST	9	1687	
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 18th day of December, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 18/12/2023

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: 16070023P0011710

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C