



## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

| Insured's Name | : | LAXMINARAYAN FIBER PVT LTD                           | <u>-</u>               |   |  |  |
|----------------|---|--|------------------------|---|--|--|
|                |   | Insured's Details                                    | Issuing Office Details |   |  |  |
| Customer ID    | : | PO93653702   | O93653702 Office Code  |   | AURANGABAD DO-160400 (160400)                                    |  |
| Address        | : | GUT NO.275 & 276, HELESWADI, AT<br>MANTHA DIST JALNA | Address                | : | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |
|                |   | MANTHA ,MAHARASHTRA, 431504                          |                        |   |  |  |
| Phone No       | : |  | Phone No               | : | 02402333572 / 02402333361  |  |
| E-mail/Fax     | : | laxminarayanfiber@gmail.com, /                       | E-mail/Fax             | : | nia.160400@newindia.co.in / 02402331226                          |  |
| PAN No         | : |  | S.Tax Regn. No         | : | AAACN4165CST178  |  |
| GSTIN/UIN      | : | 27AACCL2664G1ZJ / NA                                 | GSTIN                  | : | 27AAACN4165C3ZP  |  |
|                | : |  | SAC                    | : | 997139 (Other non-life insurance services                        |  |

| Policy Details      |    |   |   |   |   |  |  |
|---------------------|----|---|---|---|---|--|--|
| Policy Number       |    |   |   |   |   |  |  |
| Period of Insurance | :  | From: 27/12/2023 04:03:53 PM To: 26/12/2024 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |  |  |
| Date of Proposal    | :  | 27-Dec-23   | Agent/Bancassurance/S pecified Person                               | : |   |  |  |
| Prev. Policy no.    | :  | 16040048220300000077                                    | Phone No  | : | 02402350377, 9850049400 / NA  |  |  |
| Client Type         | T: | Non-Corporate   | E-mail/Fax  | : | kailash@jainuineinsurance.co.in, //   |  |  |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words)                               | Receipt No. & Date                  |
|------------|--------|----------|--|-------------------------------------|
| 70,400     | 12,672 | 83,072   | RUPEES EIGHTY-THREE THOUSAND<br>SEVENTY-TWO ONLY | 1604008123000001280<br>5 - 28/12/23 |

| Money in safe (during and after business hours) |   | : | 10000000  |  |
|---|---|---|---|--|
| Money ir  | Money in Till                                 |   | 10000000  |  |
| SI. No.   | Location & Address                            |   |   |  |
| 1   | Laxminarayan Fiber Pvt Ltd,                   |   |   |  |
|   |   |   | Gut No.275 & 276, Heleswadi, At Mantha Dist Jalna |  |
| 2   | FACTORY,BANKS,OFFICE,RESIDENCE OF ALL PARTNER |   |   |  |

| SECTIO  | N - 1  |          |  |   |
|---------|--|----------|--|---|
| SI. No. | Sub Sections   |          | Single Carrying Limits<br>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. | 10000000 | 0  | 0 |

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| 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  | 10000000 | 0 | 0 |
|----|---|----------|---|---|
| 3. | Section 1 C - Money (other than described in 1A 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 | 10000000 | 0 | 0 |

| Limit over the Policy period<br>(Estimated Annual Turnover) | : | 800000000 |
|---|---|-----------|
| (Estimated Annual Turnover)                                 |   |           |

| Optional Covers | Sum Insured (₹) |
|-----------------|-----------------|
| SRCC Cover      | NOT OPTED       |
| Terrorism       | NOT OPTED       |

| Risk I | Details  |   |
|--------|--|---|
| 1.     | Maximum distance over which money will be conveyed           | 500                                       |
| 2.     | Details of employees handling Money                          | By owner or authorized employee           |
| 3.     | How is money carried   | BAGS, TRUNKS, SUITCASE WITH               |
| 4.     | Mode of Transport  | PUBLIC OR PRIVATE OR                      |
| 5.     | Details of armed guards or any other protection              | No Security Guard                         |
| 6.     | Details of money kept outside business hours                 | Safe Consists 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 held                                    | BY OWNER OR AUTHORIZED EMPLOYE            |
| 9.     | Are all the keys removed outside business hours              | No  |

| Special Conditions | : | Section   A ₹ 100,00,000/- (100 Lakhs) |
|--------------------|---|--|
|                    |   | Section   B ₹ 100,00,000/- (100 Lakhs) |
|                    |   | Section   C ₹ 100,00,000/- (100 Lakhs) |
|                    |   | Section    ₹ 100,00,000/- (100 Lakhs)  |
| Excess             | : | 1000                                   |

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

#### **Premium and GST Details**

|         | Rate of Tax | Amount in INR |  |  |
|---------|-------------|---------------|--|--|
| Premium |             | ₹ 70,400      |  |  |
| SGST    | 9           | 6336          |  |  |
| CGST    | 9           | 6336          |  |  |
| 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 28th day of December,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/12/2023

Duly Constituted Attorney(s)

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| 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: 16040023E0020559

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C