



02402350377, 9850049400 / NA

### POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

|                     |            | UIN NUMBER - IRD  | AN190P0098100001  |            |   |
|---------------------|------------|---|---|------------|---|
| Insured's Name      | :          | DEV TRADERS .   |   |            |   |
|                     | Ī          | nsureds Details   |   | Iss        | uing Office Details   |
| Customer ID         | T:         | PO94766969  | Office Code   | :          | JALNA BRANCH (160501)   |
| Address             | :          | HOLI MAIDAN, BY-PASS ROAD, ANJAD,<br>BARWANI, MADHYA PRADESH 451556 | Address   | :          | K.K.NIWAS LAKKAD KOT NEAR BUS<br>STAND AURANGABAD ROAD JALNA  |
|                     |            | ANJAOI ,MADHYA PRADESH, 451556                                      |   |            | ,431203   |
| Phone No            | <u> </u> : |   | Phone No  | <u> </u> : | 02482232708 / 02482232709   |
| E-mail/Fax          | :          | ashishpatidar.504@gmail.com, /                                      | E-mail/Fax  | :          | nia.160501@newindia.co.in /   |
| PAN No              | :          |   | S.Tax Regn. No  | :          | AAACN4165CST178   |
| GSTIN/UIN           | :          | 23AWUPP1530E1ZM / NA  | GSTIN   | :          | 27AAACN4165C3ZP   |
|                     | :          |   | SAC   | :          | 997139 (Other non-life insurance services excl RI)  |
|                     |            | Policy  | Details   |            |   |
| Policy Number       | :          | 16050146230100000144  | Business Source Code  |            |   |
| Period of Insurance | :          | From: 18/12/2023 02:10:41 PM To: 17/06/2024 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    | :          | 18-Dec-23   | Agent/Bancassurance/S pecified Person                               | :          |   |

| Client Type                    | : Non-Corporate | E-mail/Fax    | : kailash@jainuineinsurance.co.in, // |  |  |
|--------------------------------|-----------------|---------------|---------------------------------------|--|--|
| Financier(s) Details           |                 |               |                                       |  |  |
| SI. No. Name of the Financiers |                 |               |                                       |  |  |
| 1                              |                 | AXIS BANK LTD |                                       |  |  |

Phone No

| Premium(₹)       | GST(₹) | Total(₹)                               | Total (₹ in words)                                    | Receipt No. & Date                  |
|------------------|--------|--|---|-------------------------------------|
| 8,434            | 1,518  | 9,953                                  | RUPEES NINE THOUSAND NINE<br>HUNDRED FIFTY-THREE ONLY | 1605018123000000856<br>8 - 19/12/23 |
| Location Details |        | JTSAV WAREHOUSE G<br>IJAD BARWANI ROAD | odown No. 1 & 2<br>,ANJAD, DIST BARWANI - 451556-451  | 556                                 |

First Loss Percentage : NA

## Details of assets covered under the Policy

| Stocks in Trade |                         |             |  |  |
|-----------------|-------------------------|-------------|--|--|
| SI. No.         | STOCK DETAILS           | Sum Insured |  |  |
| 1               | ON STOCK OF F.P. COTTON | 22500000    |  |  |

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

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

| Office Equipments |                          |             |  |  |
|-------------------|--------------------------|-------------|--|--|
| Sl. No.           | OFFICE EQUIPMENT DETAILS | Sum Insured |  |  |
| 1                 | NA                       | 0           |  |  |

### Coins / Currency notes

Prev. Policy no.

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



| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |  |
|---------|-------------------------------|-------------|--|
| 1       | NA                            | 0           |  |

| Description of other item |                    |             |  |  |
|---------------------------|--------------------|-------------|--|--|
| SI. No.                   | OTHER ITEM DETAILS | Sum Insured |  |  |
| 1                         | NA                 | 0           |  |  |

| Add on Covers   | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED       |
| Theft Extension | NOT OPTED       |
| Terrorism       | NOT OPTED       |

| Special Conditions | : | UTSAV WAREHOUSE Godown No. 1 & 2<br>ANJAD BARWANI ROAD ,ANJAD, DIST BARWANI - 451556 |
|--------------------|---|--|
| Excess             | : | 1000   |

This Policy shall subject to BURGLARY policy clauses attached herewith.

#### Premium and GST Details

|         | Rate of Tax | Amount in INR |       |  |
|---------|-------------|---------------|-------|--|
| Premium |             | ₹             | 8,434 |  |
| SGST    | 0           | 0             |       |  |
| CGST    | 0           | 0             |       |  |
| IGST    | 18          | 1518          |       |  |

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 19th day of December, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 19/12/2023

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 : 16050123P0010265

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Policy No.: 16050146230100000144Document generated by 36776 at 19/12/2023 15:34:19 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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