



: kailash@jainuineinsurance.co.in,

POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

		UIN NUMBER - IRD	AN190P0098100001		
Insured's Name	:	M/S. SIDDHARTH FIBRE			
		Insureds Details		Iss	uing Office Details
Customer ID	:	PO94499906	Office Code	:	JALNA BRANCH (160501)
Address	:	BARDA ROAD, ANJAD, DIST- BARWANI, MADHYA PRADESH-451556	Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA
		ANJAOI ,MADHYA PRADESH, 451556			,431203
Phone No	<u>:</u>		Phone No	<u> </u> :	02482232708 / 02482232709
E-mail/Fax	:	siddharthfibre@rediffmail.com, /	E-mail/Fax	:	nia.160501@newindia.co.in /
PAN No	:	ABMFS4253L	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23ABMFS4253L1ZU / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)
		Policy	Details		
Policy Number	:	16050146230100000145	Business Source Code		
Period of Insurance	:	From: 15/12/2023 04:05:49 PM To: 14/12/2024 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	:	15-Dec-23	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
	1		1	1 -	

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

E-mail/Fax

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
5,000	900	5,900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	1605018123000000858 5 - 19/12/23
Location Details		UTSAV WAREHOUSE Godown No. 1 & 2, ANJAD BARWANI ROAD ANJAD DIST BARWANI MP 451556-451556		

First Loss Percentage : NA

: Non-Corporate

Client Type

Details of assets covered under the Policy

Stocks in Trade				
Sl. No.	STOCK DETAILS	Sum Insured		
1	F.P. COTTON BALES & COTTON SEEDS & /OR HULLS SEEDS(CHILKA)	10000000		

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

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

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

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

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



1	NA			0			
Descript	ion of other item						
SI. No. OTHER ITEM DETAILS					Sum Insured		
1	NA			0			
	Add on Covers			Sum Insure	nd (₹)		
Other Ex				NOT OPT			
Theft Ex				NOT OPT			
Terroris	m			NOT OPT	ED		
Excess	Special Conditions : UTSAV WAREHOUSE Godown No. 1 & 2, ANJAD BARWANI ROAD ANJAD DIST BARWANI MP 451556						
Premium	and GST Details						
			Rate of Tax	Amou	nt in INR		
Premium				₹	5,000		
SGST			0	0			
CGST			0	0			
IGST			18	900			
In witne	ss whereof the undersigned be	eing duly authorise	d by the Insurers ar	nd on behalf	of the Insurers has (have) hereunder		

For and on behalf of The New India Assurance Company Limited

Date of Issue: 19/12/2023

set his (their) hand(s)

on this 19th day of December, 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: 16050123P0010280

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C