



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name   | : | : BHARAT MARKETING   |                        |   |   |  |  |
|------------------|---|--|------------------------|---|---|--|--|
| Insureds Details |   |  | Issuing Office Details |   |   |  |  |
| Customer ID      | : | PO93849363   | Office Code            | : | JALNA BRANCH (160501)   |  |  |
| Address          |   | GROUND ,25 GODOWN ,C/O<br>MOHYUDDIN NURUDDINKHAN,AT<br>KARVAD SIDDHARTH NAGAR,<br>VILLAGE KARVAD TAL PARDI<br>VALSAD GUJARAT 396195<br>VAPI I E ,GUJARAT, 396195 | Address                | : | K.K.NIWAS LAKKAD KOT NEAR BUS<br>STAND AURANGABAD ROAD JALNA<br>,431203 |  |  |
| Phone No         | : |  | Phone No               | : | 02482232708 / 02482232709   |  |  |
| E-mail/Fax       | : | kailash@jainuineinsurance.co.in, /   | E-mail/Fax             | : | nia.160501@newindia.co.in /   |  |  |
| PAN No           | : |  | S.Tax Regn. No         | : | AAACN4165CST178   |  |  |
| GSTIN/UIN        | : | 24AEQPS7628E1Z3 / NA   | GSTIN                  | : | 27AAACN4165C3ZP   |  |  |
|                  | : |  | SAC                    | : | 997139 (Other non-life insurance services excl RI)                      |  |  |

| Policy Details  |   |  |          |   |                                    |   |                    |  |
|---|---|--|----------|---|------------------------------------|---|--------------------|--|
| Policy Number   | : | 1605014623010000                         | 00148    | Business Source Code  |                                    |   |                    |  |
| Period of Insurance   | : | From: 22/12/2023 1<br>21/12/2024 11:59:5 | 9 PM     | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | :                                  | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |                    |  |
| Date of Proposal  | : | 22-Dec-23                                |          | Agent/Bancassurance/S pecified Person                               | cassurance/S :                     |   |                    |  |
| Prev. Policy no.  | : |  |          | Phone No  | :                                  | 02402350377, 9850049400 / NA  |                    |  |
| Client Type   | : | Non-Corporate                            |          | E-mail/Fax  | kailash@jainuineinsurance.co.in, / |   |                    |  |
| Premium(₹)  |   | GST(₹)                                   | Total(₹) | Total (₹ in w   | vor                                | ds)   | Receipt No. & Date |  |
| 501   |   | 90                                       | 591      | RUPEES FIVE HUNDRED NINETY-<br>ONE ONLY                             |                                    | 160501812300000872<br>7 - 22/12/23  |                    |  |
| Location Details : Ground ,25 Godown ,C/O mohyuddin nuruddinkhan,at karvad siddharth nagar,<br>village karvad tal pardi -396195 |   |  |          |   |                                    |   |                    |  |
| First Loss Percentage   |   | : N                                      | A        |   |                                    |   |                    |  |

## First Loss Percentage

Details of assets covered under the Policy

| Stocks in Trade |  |             |  |  |  |
|-----------------|--|-------------|--|--|--|
| SI. No.         | STOCK DETAILS  | Sum Insured |  |  |  |
| 1               | all kind of household and office use stock plastic items , cutlery ,chairs, their packing material like other all item related to bharat marketing | 800000      |  |  |  |

| 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 / Currency notes |                               |             |  |  |  |
|------------------------|-------------------------------|-------------|--|--|--|
| SI. No.                | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |  |  |  |
| 1                      | NA                            | 0           |  |  |  |

Policy No. : 16050146230100000148Document generated by 36776 at 22/12/2023 19:58:47 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. For redressal of your grievance, if any,you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website



| Description of ot         | her item           |           |                       |  |
|---------------------------|--------------------|-----------|-----------------------|--|
| SI. No.                   | OTHER ITEM DETAILS |           | M DETAILS Sum Insured |  |
| 1                         |                    | NA        | A 0                   |  |
| Ad                        | d on Covers        |           | Sum Insured (₹)       |  |
| Other Extension NOT OPTED |                    | NOT OPTED |                       |  |
| Theft Extension           |                    |           | NOT OPTED             |  |
| Terrorism                 |                    |           | NOT OPTED             |  |
| Special Condition         | ns                 | : A       | AS PER POLICY         |  |
| Excess : 1                |                    | : 1       | 1000                  |  |

This Policy shall subject to BURGLARY policy clauses attached herewith.

## Premium and GST Details

|         | Rate of Tax | Amount in INR |     |
|---------|-------------|---------------|-----|
| Premium |             | ₹             | 501 |
| SGST    | 0           | 0             |     |
| CGST    | 0           | 0             |     |
| IGST    | 18          | 90            |     |

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 22nd day of December, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 22/12/2023

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 : 16050123P0010463

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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