



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	LAXMI COTSPIN LTD			
	ı	nsureds Details		Issu	uing Office Details
Customer ID	:	POA4385619	Office Code	:	SHIRDI (151806)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION) JALNA .MAHARASHTRA, 431203	Address	:	Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A`nagar,Shirdi ,423109
Phone No	:	, , , , , , , , , , , , , , , , , , , ,	Phone No	:	02423255179
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.151806@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number : 15180646230100000003			Business Source Code		
Period of Insurance		From: 01/01/2024 11:21:23 AM To: 29/02/2024 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	:	01-Jan-24	Agent/Bancassurance/ Specified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	l :	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
5,626	1,012	6,639	RUPEES SIX THOUSAND SIX HUNDRED THIRTY-NINE ONLY	1518068123000000027 4 - 02/01/24
Location Details		GUT NO.394 & 399,WA	AREHOUSE GODOWN NO 1,2 & 3AT S T.IALNA-431203	AMANGAON,JALNA

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in	n Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	On stock of COTTON FULLY PRESS BALES 30000000	

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

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

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

Coins / Currency notes

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



SI. 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	:	Location: Laxmi cotspin Ltd, GUT NO.394 & 399,WAREHOUSE GODOWN NO 1,2 & 3 AT SAMANGAON KAJLA PHATA JALNA AMBAD ROAD OPP. MEENATAI THAKARE VRIDHASHRAM ,JALNA -431203
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	5,626
SGST	9	506	
CGST	9	506	
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 02nd day of January, 2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 02/01/2024

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: 15180623P0000404

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C