



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | SHREE DURGA FIBERS | | | |
|----------------|----|---|----------------|-----|---|
| | ı | nsureds Details | | Iss | uing Office Details |
| Customer ID | : | POA5829481 | Office Code | : | JALGAON (160700) |
| Address | : | GAT NO . 240/, OPP. LAXMIMATA MANDIR, PAITHAN ROAD, SHEVGAON, DIST. AHMEDNAGAR SHEVGAON .MAHARASHTRA, 414502 | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| Phone No | 1: | ONE VERTEX , NO. 11 TO SE | Phone No | 1: | 02572236189 / 02572232179 |
| E-mail/Fax | : | durgafibers@gmail.com, / | E-mail/Fax | 1: | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ABKFS3723M1ZP / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---|---|---|---|
| Policy Number | : | 16070046230100000306 | Business Source Code | | |
| Period of Insurance | : | From: 15/01/2024 02:40:52 PM To: 14/07/2024 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-Jan-24 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | : | Non-Corporate | E-mail/Fax | : | 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 |
|------------------|--------|--|--|-------------------------------------|
| 5,625 | 1,012 | 6,638 | RUPEES SIX THOUSAND SIX HUNDRED THIRTY-EIGHT ONLY | 1607008123000000776 0 - 15/01/24 |
| Location Details | Go | Sudhir Shriram sablok odown No.5 & 6,Gat n st Ahmednagar-4145(| o286/3,Paithan Road,SHEVGAON, | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in | n Trade | |
|-----------|---|-------------|
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | Cotton F.P Bales, cotton Seeds, Oil cake, | 3000000 |

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

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

| Office Ed | quipments | |
|-----------|--------------------------|-------------|
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |

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



| | Sum Insured 0 Sum Insured 0 |
|----------------|--|
| | Sum Insured |
| | |
| | |
| | 0 |
| | |
| | Sum Insured (₹) |
| | NOT OPTED |
| | NOT OPTED |
| | NOT OPTED |
| | |
| | |
| Bales,cotton C | Oil cake,cotton seed, whilst stored |
| / & or Wareho | ouse |
| | |
| nerewith. | |
| | |
| | |
| Rate of Tax | Amount in INR |
| | ₹ 5,625 |
| 9 | 506 |
| 9 | 506 |
| 0 | 0 |
| ne Insurers an | d on behalf of the Insurers has (have) hereu |
| | |
| | |
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| | |
| | For and on behalf of |
| | The New India Assurance Company Limit |
| | |
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| | |
| | Duly Constituted Attorney(s) |
| | . , |
| | |
| | ler Numbervide receipt |
| ¥1 / | |
| | nerewith. Rate of Tax 9 9 0 he Insurers and |

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 : 16070023P0013164

IRDA Registration Number: 190 **NIA PAN NUMBER: AAACN4165C**