



# POLICY SCHEDULE FOR MONEY INSURANCE

# UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	SHREE SURANA TRADING COMPANY	•		
	Insured's Details	Issuing Office Details			
Customer ID	:	POA3458638	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	SHESHNARAYAN GINNING AND PRESSING FACTORY WATUR FATA TEH .PARTUR DIST JALANA MANTHA ,MAHARASHTRA, 431504	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No		02402333572 / 02402333361
E-mail/Fax	:	prakashcotton775@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27ABIPJ0296N1Z7 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number	:	16040048230300000143	Business Source Code			
Period of Insurance	:	From: 18/01/2024 03:56:09 PM To: 17/01/2025 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	:	18-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, //	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
12,000	2,160	14,160	RUPEES FOURTEEN THOUSAND ONE HUNDRED SIXTY ONLY	1604008123000001401 1 - 18/01/24

Money in safe (during and after business hours)		:	10000000	
Money in Till		••	10000000	
SI. No.	Location & Address			
1	Premises, Bank, ALL FACTORIES, OFFICES, RESIDENCE OF ALL directors/ PARTNER / PROPRIETOR.			
2	SHREE SURANA TRADING COMPANY			
	ADDERS.123, SHESHNARAYAN G And P FACTORY, WATUR, Jalna, Maharashtra			

SECTIO	N - 1			
SI. No.	Sub Sections		Single Carrying Limits for - Foreign Currency	
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	10000000	0	0

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2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa	10000000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa	10000000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	150000000
(Estimated Annual Turnover)	il	

Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk I	Details	
1.	Maximum distance over which money will be conveyed	250
2.	Details of employees handling Money	NA
3.	How is money carried	IN ANY TYPE OF BAGS, TRUNKS, S
4.	Mode of Transport	ANY VEHICLE PUBLIC O
5.	Details of armed guards or any other protection	No Security Guard
6.	Details of money kept outside business hours	Safe Consists of Wooden / Steel Cupboard
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	BY OWNER OR AUTHORIZED EMPLOYE
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 100,00,000/- (100 Lakhs)
		Section 1 B ₹ 100,00,000/- (100 Lakhs)
		Section 1 C ₹ 100,00,000/- (100 Lakhs)
		Section 2 ₹ 100,00,000/- (100 Lakhs)
Excess	:	1000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

### **Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 12,000
SGST	9	1080
CGST	9	1080
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 18th day of January,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 18/01/2024

Duly Constituted Attorney(s)

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Mudrank	Dt	consolidated Stamp Fees Paid by Pay Order Num	nbervide receipt
number	dt	Stamp Duty under the Policy is ₹1/	
		IRDA Registration Number: 190	
		INDA Registration Number: 150	