



MACHINERY INSURANCE POLICY

| Insured's Name : SAMARTH AGRO INDUSTRIES | | | | | | |
|--|---|--|----------------|---|--|--|
| Insured's Details | | Issuing Office Details | | | | |
| Customer ID | : | PO76913228 | Office Code | Office Code : AURANGABAD DO-160400 (160400) | | |
| Address | : | GUT NO. 42/1, PARBHANI ROAD, SAILU, PARBHANI 431503 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | |
| | | SAILU ,MAHARASHTRA, 431503 | | | | |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 | |
| E-mail/Fax | : | samarthagroinds@gmail.com, / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27ABJFS0796B1Z2 / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997137 (Other property insurance services) | |

| Policy Details | | | | | |
|---------------------|---|---|---|---|--------------------------------------|
| Policy Number | : | 16040044235100000033 | Business Source Code | | |
| Period of Insurance | : | From:20/01/2024 12:00:01 AM To: 19/01/2025 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent : Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (Sl00028623), - | | |
| Date of Proposal | : | 20-Jan-24 | Agent/Bancassurance/CPS C User | : | |
| Prev. Policy no. | : | 16040044225100000027 | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, / / |
| | | | | | |

| Premium | GST | Total | Receipt No. & Date |
|---------|-------|-------|------------------------------------|
| 6,000 | 1,080 | 7,080 | 16040081230000014065 - 19/01/24 |

Premises / Work Address (Site of the Property to be Insured) Risk Address:Gut 431503,NA,MH24

Risk Address:Gut no. 42/1, Parbhani Road, Sailu, Parbhani 431503,NA,MH2446,SAILU,MH,MAHARASHTRA,INDIA,431503

Total Sum Insured

₹ 600000

| | Inventory of the Property Insured | | | | | | | |
|---------|-----------------------------------|--|--------------|-----------------------|---------------|-----------|--|--|
| SI. No. | Quantity | Description of Machines | Year of Make | Sum Insured (In ₹) | Escalation(%) | Excess(₹) | | |
| 1 | 1 | Machine Details: Weighbridge: Make: Jyoti Weighing Systems Pvt. Ltd. 2008 Model No. : JW1000E Sr No. : SET 3268 ₹ 6 Lakhs, Serial No of Machine: SR NO. : SET 3268, Name of the manufacturer: JYOTI WEIGHING SYSTEM | 2008 | 600000 | NA | 6000 | | |

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformer and other electrical equipment damage thereto being covered by the Policy only when specifically described in said schedule.

| SI. No. | Add on Covers Opted | Indemnity Limits Opted | Excess |
|---------|--|------------------------|------------------------|
| 1 | THIRD PARTY LIABILITY | NA | Policy Excess |
| 2 | EXPRESS FREIGHT (EXCLUDING AIR FREIGHT), HOLIDAY RATES OF WAGES ETC | NA | Policy Excess |
| 3 | AIR FREIGHT | NA | 5 % of Air Freight |
| 4 | ADDITIONAL CUSTOMS DUTY | NA | 5 % of Additional duty |
| 5 | SURROUNDING PROPERTY | NA | Policy Excess |
| 6 | DEBRIS REMOVAL | NA | Policy Excess |

ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY

Policy No. : 16040044235100000033Document generated by 40073 at 19/01/2024 15:00:48 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 Ornbudsman. For details of our office addresses and addresses of office of Insurance Ornbudsman, please visit our website

http://newindia.co.in.



| SI. No. Endorsement Number | Endorsement Title | | |
|----------------------------|-------------------|---------------|--|
| Premium and GST Details | | | |
| | Rate of Tax | Amount in INR | |
| Premium | | ₹ 6,000 | |
| SGST | 9 | 540 | |
| CGST | 9 | 540 | |
| 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 19th day of January,2024.

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 : 16040023E0022744

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C