



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	RADHE RADHE FIBERS			
	nsured's Details	Issuing Office Details			
Customer ID	:	PO92193963	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	GAT NO.711, 713/2, 713/3, VEERWADA ROAD, CHOPDA, DIST. JALGAON	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
		CHOPADA ,MAHARASHTRA, 425107			
Phone No	:		Phone No	:	02402333572 / 02402333361
E-mail/Fax	:	radheradhefiber.1099@rediffmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No		AAACN4165CST178
GSTIN/UIN	:	27AALFR3854L1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance service excl RI)

Policy Details						
Policy Number : 16040048230300000145 Business Source Code						
Period of Insurance	:	From: 19/01/2024 02:57:00 PM To: 18/01/2025 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	:	19-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
38,500	6,930	45,430	RUPEES FORTY-FIVE THOUSAND FOUR HUNDRED THIRTY ONLY	1604008123000001407 4 - 19/01/24

Money in safe (during and after business hours)		:	9900000			
Money in Till		:	9900000			
SI. No.	No. Location & Address					
1	Radhe Radhe Fibers, Gut No. 711, 713/2, 713/3, Veerwada Road, Chopada					
2	Factory,Banks,Office,Residence of all partner etc.500 Km Radius To & Fro					

SECTIO	SECTION - 1									
SI. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)						
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.	9900000	0	0						
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	9900000	0	0						

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



3.	Section 1 C - Money (other and 1B above) collected to custody of the insured or the employee/s of the insured premises or hank within a 48 hours from the time of versa	he authorized whilst in transit to the period not exceeding	9900000	0	0		
Limit o (Estim	over the Policy period nated Annual Turnover)	: 50000000					
Option	nal Covers		Sum Insured	(₹)			
SRCC			NOT OPTED				
Terror			NOT OPTED				
Risk D	etails						
1.	Maximum distance over w	hich money will be convey	ed.	50	<u> </u>		
2.	Details of employees hand		eu	By owner or autho			
3.	How is money carried	ining Money		IN ANY TYPE OF			
4.	Mode of Transport			ANY VEHICLE	· · · · · · · · · · · · · · · · · · ·		
5.	Details of armed guards or	any other protection		No Securit			
6.	Details of money kept out	<u> </u>		Safe Consists of Wood	•		
7.	Is the safe where money is		floor	No	•		
8.	By whom are the keys held		11001	NA NA			
9.	Are all the keys removed of			No.			
Snecis	al Conditions	• FACTORY OFFICE B	VVIKZ VII BEZIL	DENCE OF ALL PARTNER/P	PROPRIETOR (VICE		
эрсск	ar Conditions	VERSA WITH IN 500		DENGE OF ALL TARRIVERY	TOTAL TOTAL (VICE		
Exces		: 1000					
This P	olicy shall subject to MONEY I	NSURANCE policy clauses	attached herev	vith.			
Premiu	m and GST Details		Rate of Tax	Amount in INR			
Premiu	m		Nate of Tax	₹ 38,500			
SGST	***		9	3465			
CGST			9	3465			
IGST			0	0			
In witr set his	ness whereof the undersigned (their) hand(s) on this 19th	l being duly authorised by day of January,2024.	the Insurers an	d on behalf of the Insurers	s has (have) hereunder		
				For and on	behalf of		
Date o	of Issue: 19/01/2024			The New India Assuran	ice Company Limited		
2410				Duly Constitute	ed Attorney(s)		
	nkDt erdt Sta	consolidated Stamp Fees		der Number	vide receipt		

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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: 16040023P0022759

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C