



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

:	SHRIYANSH AGRO				
Insureds Details		Issuing Office Details			
:	PO97461055	Office Code	Office Code : JALGAON (160700)		
:	PLOT NO 101, SECTOR F-1, CIDCO N- 4, AURANGABAD, MAHARASHTRA	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
	AURANGABAD(MA) ,MAHARASHTRA, 431003				
:		Phone No	:	02572236189 / 02572232179	
:	sagro9413@gmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
:		S.Tax Regn. No	:	AAACN4165CST178	
:	27AEOFS1065F1ZV / NA	GSTIN	:	27AAACN4165C3ZP	
:		SAC	:	997139 (Other non-life insurance services excl RI)	
	:	Insureds Details : PO97461055 : PLOT NO 101, SECTOR F-1, CIDCO N- 4, AURANGABAD, MAHARASHTRA AURANGABAD(MA) ,MAHARASHTRA, 431003 : : : sagro9413@gmail.com, / :	Insureds Details Office Code : PO97461055 Office Code : PLOT NO 101, SECTOR F-1, CIDCO N- 4, AURANGABAD, MAHARASHTRA Address AURANGABAD(MA) ,MAHARASHTRA, 431003 AURANGABAD(MA) ,MAHARASHTRA, 431003 Phone No : Sagro9413@gmail.com, / E-mail/Fax : S.Tax Regn. No : : 27AEOFS1065F1ZV / NA GSTIN	Insureds Details Iss : PO97461055 Office Code : : PLOT NO 101, SECTOR F-1, CIDCO N- 4, AURANGABAD, MAHARASHTRA Address : AURANGABAD(MA) ,MAHARASHTRA, 431003 Address : : Phone No : : Sagro9413@gmail.com, / E-mail/Fax : 27AEOFS1065F1ZV / NA GSTIN	

Policy Details						
Policy Number	:	16070046230100000346	Business Source Code			
Period of Insurance	:	From: 06/02/2024 05:17:23 PM To: 05/03/2024 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	:	06-Feb-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
562	102	665	RUPEES SIX HUNDRED SIXTY-FIVE ONLY	160700812300000831 3 - 06/02/24
Location Details		lirmalshiv Industries ot No.C19,Co Op.Indu	strial Estate,Akola road, Hingoli-4315	13-431513

First Loss Percentage

Details of assets covered under the Policy

: NA

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	Cotton F.P Bales	4500000		

Goods held in Trust / Commision					
SI. No.	GOODS HELD DETAILS	Sum Insured			
1	NA	0			
Furniture / Fixture / Fittings					
SI. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured			
1	NA	0			

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

Coins / Currency notes

Policy No. : 16070046230100000346Document generated by 33037 at 06/02/2024 18:01:34 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 Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



SI. No.	COINS/CURREN	CY/CURIOS DETAILS	Sum Insured
1	NA		0
Descriptio	on of other item		
SI. No.	OTHER I	TEM DETAILS	Sum Insured
1		NA	0
	Add on Covers		Sum Insured (₹)
Other Ext	tension	NOT OPTED	
Theft Ext	ension	sion NOT OPTED	
Terrorism			NOT OPTED
Special C	conditions :	Nirmalshiv Industries	

Special Conditions	:	Nirmalshiv Industries Plot No.C19,Co Op.Industrial Estate,Akola road, Hingoli-431513
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR		
Premium		₹ 562		
SGST	9	51		
CGST	9	51		
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 06th day of February,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 06/02/2024

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 : 16070023P0014233

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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