



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| | | | |
|-------------------------|--|-------------------------------|---|
| Insured's Name | : P.D SEKHSARIA TRADING CO PVT. LTD | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : POB0356627 | Office Code | : JALNA BRANCH (160501) |
| Address | : 901/902, TULSIANI CHAMBERS, NARIMAN POINT, MUMBAI - 400021 MUMBAI ,MAHARASHTRA, 400021 | Address | : K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 |
| Phone No | : | Phone No | : 02482232708 / 02482232709 |
| E-mail/Fax | : export@pdst.in, trade@pdst.in / | E-mail/Fax | : nia.160501@newindia.co.in / |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27AABCP1720E1ZX / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|--|---|---|
| Policy Details | | | |
| Policy Number | : 16050146230100000188 | Business Source Code | |
| Period of Insurance | : From: 08/02/2024 12:00:01 AM To: 07/03/2024 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 | : 08-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, / / |

| | | | | |
|-------------------------|---------------|--|---|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 1,344 | 242 | 1,587 | RUPEES ONE THOUSAND FIVE HUNDRED EIGHTY-SEVEN ONLY | 1605018123000001049 5 - 07/02/24 |
| Location Details | | : R.K Logistics,LTD)NH 4, OPPOSITE VINAY YARD, BEHIND JASAI RAILWAY YARD,CHIRLE VILLAGE,-410206 | | |

| | |
|------------------------------|------|
| First Loss Percentage | : NA |
|------------------------------|------|

Details of assets covered under the Policy

| | | |
|------------------------|--|--------------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | On stock of (Cotton Fully Press Bales) stored in Container | 21500000 |

| | | |
|--|---------------------------|--------------------|
| Goods held in Trust / Commision | | |
| Sl. No. | GOODS HELD DETAILS | Sum Insured |
| 1 | NA | 0 |

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

| | | |
|--------------------------|---------------------------------|--------------------|
| Office Equipments | | |
| Sl. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|-------------------------------|--------------------------------------|--------------------|
| Coins / Currency notes | | |
| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |
| 1 | NA | 0 |

| | | |
|----------------------------------|---------------------------|--------------------|
| Description of other item | | |
| Sl. No. | OTHER ITEM DETAILS | Sum Insured |
| | | |



| | | |
|---------------------------|----|--|
| 1 | NA | 0 |
| Add on Covers | | Sum Insured (₹) |
| Other Extension | | NOT OPTED |
| Theft Extension | | NOT OPTED |
| Terrorism | | NOT OPTED |
| Special Conditions | : | On stock of Cotten Fuly Press Bales stored in Container(1)SDCU1152361(2)HNSU5003201(3)TRLU1710180(4)TRLU8841911(5)TRIU8382160(6)TRIU8271547(7)SEKU9101675(8)TRIU836694(9)TRIU8355273(10)GESU5684997(11)SEKU9103940 12.SEKU9087387(13)EISU5684251 |
| Excess | : | 0 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|----------------|-------------|---------------|
| Premium | | ₹ 1,344 |
| SGST | 9 | 121 |
| CGST | 9 | 121 |
| 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 07th day of February, 2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 07/02/2024

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 : 16050123P0012485

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C