



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | RATNA COT FIBERS                                                 | ·              |     |                                                                   |
|----------------|---|------------------------------------------------------------------|----------------|-----|-------------------------------------------------------------------|
|                |   | Insureds Details                                                 |                | lss | uing Office Details                                               |
| Customer ID    | : | PO98733610                                                       | Office Code    | :   | JALGAON (160700)                                                  |
| Address        | : | AT VARLA ROAD, SENDHWA SENDHWA (KHARGON) ,MADHYA PRADESH, 451666 | Address        | :   | MANDORE MARKET,<br>BEHIND DADHIWALA BUNGLOW,<br>JILHA PETH,425001 |
| Phone No       | : |                                                                  | Phone No       | :   | 02572236189 / 02572232179                                         |
| E-mail/Fax     | : | ratnacotfibers@gmail.com, /                                      | E-mail/Fax     | :   | nia.160700@newindia.co.in /<br>2572236189                         |
| PAN No         | : |                                                                  | S.Tax Regn. No | :   | AAACN4165CST178                                                   |
| GSTIN/UIN      | : | 23AARFR1027M1Z0 / NA                                             | GSTIN          | :   | 27AAACN4165C3ZP                                                   |
|                | : |                                                                  | SAC            | :   | 997139 (Other non-life insurance services excl RI)                |

| Policy Details      |          |                                                         |                                                                     |    |                                                                                                      |  |
|---------------------|----------|---------------------------------------------------------|---------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------|--|
| Policy Number       | <u>:</u> | 16070046230100000363                                    | Business Source Code                                                |    |                                                                                                      |  |
| Period of Insurance | :        | From: 13/02/2024 04:56:01 PM To: 12/08/2024 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User |    | Jainuine Insurance Brokers Pvt. Ltd. (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |  |
| Date of Proposal    | :        | 13-Feb-24                                               | Agent/Bancassurance/S pecified Person                               | :  |                                                                                                      |  |
| Prev. Policy no.    | :        |                                                         | Phone No                                                            | :  | 02402350377, 9850049400 / NA                                                                         |  |
| Client Type         | :        | Non-Corporate                                           | E-mail/Fax                                                          | T: | kailash@jainuineinsurance.co.in, //                                                                  |  |

|         | Financier(s) Details   |
|---------|------------------------|
| SI. No. | Name of the Financiers |
| 1       | STATE BANK OF INDIA    |

| Premium(₹)       | GST(₹) | Total(₹) | Total (₹ in words)                                    | Receipt No. & Date                  |
|------------------|--------|----------|-------------------------------------------------------|-------------------------------------|
| 1,875            | 338    | 2,214    | RUPEES TWO THOUSAND TWO<br>HUNDRED FOURTEEN ONLY      | 1607008123000000852<br>6 - 13/02/24 |
| Location Details |        |          | EDARMAL SITARAM GOYAL,<br>VA, BARWANI - 451666-451666 |                                     |

: NA First Loss Percentage

## Details of assets covered under the Policy

| Stocks in | Stocks in Trade                               |             |  |  |  |  |
|-----------|-----------------------------------------------|-------------|--|--|--|--|
| SI. No.   | STOCK DETAILS                                 | Sum Insured |  |  |  |  |
| 1         | On stock of cotton Seeds whilst               | 10000000    |  |  |  |  |
|           | stored &/or lying in Godown / & or Warehouse. |             |  |  |  |  |

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

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

| Office Ed | quipments                |             |
|-----------|--------------------------|-------------|
| SI. No.   | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1         | NA                       | 0           |

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



| Coins / Currency notes                                                                                        |                     |                   | T                               |                                               |                               |                                                       |                   |
|---------------------------------------------------------------------------------------------------------------|---------------------|-------------------|---------------------------------|-----------------------------------------------|-------------------------------|-------------------------------------------------------|-------------------|
|                                                                                                               | INS/CURRENCY/O      | CURIOS DETAILS    |                                 |                                               | Su                            | ım İnsured                                            |                   |
| 1                                                                                                             | NA                  |                   |                                 |                                               |                               | 0                                                     |                   |
| Description of other item                                                                                     |                     |                   |                                 |                                               |                               |                                                       |                   |
| SI. No.                                                                                                       | OTHER ITEM          | DETAILS           |                                 |                                               | Su                            | ım Insured                                            |                   |
| 1                                                                                                             | NA                  |                   |                                 |                                               |                               | 0                                                     |                   |
| Add on Cover                                                                                                  | s                   |                   |                                 | Sum Insure                                    | ed (₹)                        |                                                       |                   |
| Other Extension                                                                                               |                     |                   |                                 | NOT OPT                                       |                               |                                                       |                   |
| Theft Extension                                                                                               |                     |                   |                                 | NOT OPT                                       | ED                            |                                                       |                   |
| Terrorism                                                                                                     |                     |                   |                                 | NOT OPT                                       | ED                            |                                                       |                   |
| Special Conditions                                                                                            | : [5                | tock of Cotton Se | eeds in Godowi                  | n1                                            |                               |                                                       |                   |
| •                                                                                                             | On                  | stock of cotton S | seeds whilst                    | -                                             |                               |                                                       |                   |
|                                                                                                               |                     |                   |                                 |                                               |                               |                                                       |                   |
|                                                                                                               |                     | red &/or lying in | Godown / & or                   | Warehouse.                                    |                               |                                                       |                   |
| Excess This Policy shall subject to E                                                                         | 1-1-                | 000               | l b a va v i t b                |                                               |                               |                                                       |                   |
| This Folicy shall subject to t                                                                                | DONGLANT POLICY     | clauses attached  | i ileiewitii.                   |                                               |                               |                                                       |                   |
| Premium and GST Details                                                                                       |                     |                   |                                 |                                               |                               |                                                       |                   |
| Freiilium and 031 Details                                                                                     |                     |                   | Rate of Tax                     | Δmou                                          | nt in INR                     |                                                       |                   |
|                                                                                                               |                     |                   |                                 |                                               |                               |                                                       |                   |
| Premium                                                                                                       |                     |                   | Nate of Tax                     | ₹                                             | 1,875                         |                                                       |                   |
|                                                                                                               |                     |                   | 0                               |                                               |                               |                                                       |                   |
| SGST<br>CGST                                                                                                  |                     |                   | 0                               | ₹<br>0<br>0                                   |                               |                                                       |                   |
| Premium<br>SGST<br>CGST<br>IGST                                                                               |                     |                   | 0                               | ₹<br>0                                        |                               |                                                       |                   |
| SGST<br>CGST<br>IGST<br>In witness whereof the unde<br>set his (their) hand(s)                                |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338                            | 1,875                         | surers has (have                                      | ) hereund         |
| SGST<br>CGST                                                                                                  |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338                            | 1,875                         | surers has (have                                      | ) hereund         |
| SGST<br>CGST<br>IGST<br>In witness whereof the unde<br>set his (their) hand(s)                                |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338<br>nd on behalf            | 1,875<br>of the Ins           | nd on behalf of                                       |                   |
| SGST<br>CGST<br>IGST<br>In witness whereof the unde<br>set his (their) hand(s)                                |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338<br>nd on behalf            | 1,875<br>of the Ins           |                                                       |                   |
| SGST<br>CGST<br>IGST<br>In witness whereof the undo<br>set his (their) hand(s)<br>on this 13th day of Februar |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338<br>nd on behalf            | 1,875<br>of the Ins           | nd on behalf of                                       |                   |
| SGST<br>CGST<br>IGST<br>In witness whereof the unde<br>set his (their) hand(s)                                |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338<br>nd on behalf            | 1,875<br>of the Ins           | nd on behalf of                                       |                   |
| SGST<br>CGST<br>IGST<br>In witness whereof the undo<br>set his (their) hand(s)<br>on this 13th day of Februar |                     | uly authorised by | 0<br>0<br>18                    | ₹<br>0<br>0<br>338<br>nd on behalf<br>The Nev | 1,875<br>of the Ins<br>For an | nd on behalf of                                       | ny Limited        |
| SGST<br>CGST<br>IGST<br>In witness whereof the undo<br>set his (their) hand(s)<br>on this 13th day of Februar | y,2024.<br>consolid | ated Stamp Fees   | 0<br>0<br>18<br>the Insurers an | ₹<br>0<br>0<br>338<br>nd on behalf<br>The Nev | 1,875  For any India Ass      | nd on behalf of<br>surance Compai<br>tituted Attorney | ny Limited<br>(s) |

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 : 16070023P0014621

IRDA Registration Number: 190 **NIA PAN NUMBER: AAACN4165C**