



## MACHINERY INSURANCE POLICY

Insured's Name	: VARDHMAN COTFIBERS				
Insured's Details			Issuing Office Details		
<b>Customer ID</b> : PO95131536			Office Code : AURANGABAD DO-160400 (10		AURANGABAD DO-160400 (160400)
Address	:	370-1/2, GAUL JOSHI ROAD, CHHAIGAON DEVI, KHANDWA, DIST. KHANDWA CHHEGAON MAKHAN ,MADHYA PRADESH, 450771	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No	:	02402333572 / 02402333361
E-mail/Fax	:	vardhmancotfibers@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AAQFV8661G1ZO / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997137 (Other property insurance services)

Policy Details					
Policy Number	:	16040044235100000039	Business Source Code		
Period of Insurance	:	From:18/02/2024 12:00:01 AM To: 17/02/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent : Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),		
Date of Proposal	:	18-Feb-24	Agent/Bancassurance/CPS : C User		
Prev. Policy no.	:	16040044225100000032	Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //

Premium	GST	Total	Receipt No. & Date
2,999	540	3,539	16040081230000015737 - 20/02/24

Property to be Insured)	Risk Address:M/S. VARDHMAN COTFIBERS 370-1/2, GAUL JOSHI ROAD, CHHAIGAON DEVI,KHANDWA, DIST. KHANDWA (MP) 450771,MP939,CHHEGAON MAKHAN,MP,MADHYA
	PRADESH,INDIA,450771

## ₹ 600000 Total Sum Insured

	Inventory of the Property Insured						
SI. No.	Quantity	Description of Machines	Year of Make	Sum Insured (In ₹)	Escalation(%)	Excess(₹)	
1	1	Machine Details: Weighbridge: SENSOTECH WEIGHING SYSTEMS , Serial No of Machine: NA, Name of the manufacturer: SENSOTECH	2018	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.

Sl. 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 NA	Policy Excess

## **ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY**

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



SI. No.	Endorsement Number	End	dorsement Title				
Premium a	Premium and GST Details						
		Rate of Tax	Amount in INR				
Premium			₹ 2,999				
SGST		0	0				
CGST		0	0				
IGST		18	540				

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 20th day of February,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: 16040023E0025463

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C