



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

:	: SHRIYANSH AGRO					
Insureds Details		Issuing Office Details				
:	PO97461055	Office Code	Office Code : JALGAON (160700)			
:	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       Address         :       Phone No         :       Sagro9413@gmail.com, /         :       S.Tax Regn. No         :       27AEOFS1065F1ZV / NA	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	:	16070046230100000368	<b>Business Source Code</b>	Business Source Code			
Period of Insurance	:	From: 19/02/2024 06:25:21 PM To: 18/03/2024 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	:	19-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
625	112	738	RUPEES SEVEN HUNDRED THIRTY- EIGHT ONLY	160700812300000871 3 - 20/02/24
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	500000		

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					
06							
UTICE EQ	Office Equipments						
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured					
1	NA	0					

Coins / Currency notes

Policy No. : 16070046230100000368Document generated by 40142 at 20/02/2024 18:23:05 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/CURRENCY/CURIOS DETAILS Sum Insured			
1	NA		0	
Descripti	on of other item			
SI. No.	OTHER ITEM DETAILS		Sum Insured	
1	N	A 0		
	Add on Covers		Sum Insured (₹)	
Other Ext	NOT OPTED NOT OPTED		NOT OPTED	
Theft Ext	Theft Extension NOT OPTED		NOT OPTED	
Terrorism		NOT OPTED		
Special C	Conditions : r	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		₹	625	
SGST	9	56		
CGST	9	56		
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 20th day of February,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 20/02/2024

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 : 16070023P0014965

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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