



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	LAXMI COTSPIN LTD			
		Insureds Details	Issuing Office Details		
Customer ID	:	POA4385619	Office Code	:	SHIRDI (151806)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION) JALNA ,MAHARASHTRA, 431203	Address	:	Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A`nagar,Shirdi ,423109
Phone No	:	0.12.0.1.110.11.110.11.110.12.00	Phone No	<u>:</u>	02423255179
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.151806@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

	Policy Details				
Policy Number : 15180646230100000007 Business Source			Business Source Code	ode	
Period of Insurance	:	From: 20/02/2024 08:53:33 PM To: 19/05/2024 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	:	20-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.ir		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
3,626	652	4,279	RUPEES FOUR THOUSAND TWO HUNDRED SEVENTY-NINE ONLY	1518068123000000035 5 - 20/02/24
Location Details		: GUT NO.394 & 399, WAREHOUSE GODOWN NO 1,2 & 3 AT SAMANGAON, AMBAD ROAD, TO & DIST, IALNA-431203		SAMANGAON,JALNA

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks i	n Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	On stock of COTTON FULLY PRESS BALES	14500000

Goods h	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 Ed	quipments	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

Coins / Currency notes

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



Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured	
1	NA	0	

Descript	Description of other item				
SI. 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		Location: Laxmi cotspin Ltd, GUT NO.394 & 399,WAREHOUSE GODOWN NO 1,2 & 3 AT SAMANGAON KAJLA PHATA JALNA AMBAD ROAD OPP. MEENATAI THAKARE VRIDHASHRAM ,JALNA -431203
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹ 3,6	526
SGST	9	326	
CGST	9	326	
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: 15180623P0000490

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C