



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	:	JALNA BRANCH (160501)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION) JALNA ,MAHARASHTRA, 431203	Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	:		Phone No	:	02482232708 / 02482232709
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.160501@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	Policy Number : 16050146230100000202			Business Source Code		
Period of Insurance	:	From: 26/02/2024 12:00:01 AM To: 25/04/2024 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	:	26-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	STATE BANK OF INDIA IFB BRANCH

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
3,750	676	4,427	RUPEES FOUR THOUSAND FOUR HUNDRED TWENTY-SEVEN ONLY	1605018123000001094 0 - 22/02/24
Location Details	: Laxmi cotspin Ltd, GODOWN NO 4,Gut No 431203-431203		400, AT SAMANGAON,JALNA AMBAD F	ROAD,TQ & DIST,JALNA -

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in	n Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	On stock of COTTON FULLY PRESS BALES	2000000

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

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

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

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



Coins / C	Coins / Currency notes			
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured		
1	NA	0		

I	Description of other item		
	SI. No.	OTHER ITEM DETAILS	Sum Insured
Γ	1	NA	0

Add on Covers	Sum Insured (₹)
Other Extension	NOT OPTED
Theft Extension	NOT OPTED
Terrorism	NOT OPTED

Special Conditions	:	Laxmi cotspin Ltd, GODOWN NO 4,Gut No. 400, AT SAMANGAON ,JALNA AMBAD ROAD ,TQ & DIST ,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		₹	3,750
SGST	9	338	
CGST	9	338	
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 22nd day of February, 2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 22/02/2024

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 : 16050123P0013021

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C