



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	:	Phone No	: 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	: 15180646230100000009	Business Source Code	
Period of Insurance	: From: 29/02/2024 05:44:35 PM To: 28/04/2024 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	: 29-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, / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,626	472	3,099	RUPEES THREE THOUSAND NINETY-NINE ONLY	1518068123000000037 0 - 29/02/24
Location Details	: GUT NO.394 & 399, WAREHOUSE GODOWN NO 1,2 & 3AT SAMANGAON, JALNA AMBAD ROAD, TQ & DIST, JALNA-431203			

First Loss Percentage	: NA
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Details of assets covered under the Policy

Stocks in Trade		
Sl. No.	STOCK DETAILS	Sum Insured
1	On stock of COTTON FULLY PRESS BALES	14000000

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

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

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

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

Description of other item		
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Sl. 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		₹ 2,626
SGST	9	236
CGST	9	236
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 29th day of February,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 29/02/2024

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 : 15180623P0000510

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C