



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	: LAXMI VENKATESH GINNING & PRESSING FACTORY				
		Insureds Details	Issuing Office Details			
Customer ID		POA4216549	Office Code		: JALGAON (160700)	
Address	:	PARLI ROAD, AT. POST. BHOPA, TQ. DHARUR, DIST. BEED	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001	
		BEED ,MAHARASHTRA, 431130				
Phone No	:		Phone No	:	02572236189 / 02572232179	
E-mail/Fax	:	lvgpf2020@gmail.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AACFL2442D1ZR / NA	GSTIN	- I:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details					
Policy Number : 16070046230100000417 Business Source Code					
Period of Insurance	:	From: 28/03/2024 12:00:01 AM To: 27/03/2025 11:59:59 PM	level/Broker/Corp. Agent/Web (DA3388757) Agent/Web Jainuine Insurance Brokers F		Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),
Date of Proposal	:	28-Mar-24	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:	16070046220100000221	Phone No	:	02402350377, 9850049400 / NA
Client Type	T:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //

Financier(s) Details		
SI. No. Name of the Financiers		
1	1 STATE BANK OF INDIA SME BR BEED	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
12,500	2,250	14,750	RUPEES FOURTEEN THOUSAND SEVEN HUNDRED FIFTY ONLY	1607008123000000960 7 - 22/03/24
Location Details		: LAXMI VENKATESH GINNING & PRESSING FACTORY, PARLI ROAD,AT. POST.BHOPA, TQ. DHARUR,DIST.BEED-431130-431130		30-431130

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in Trade				
SI. No.	STOCK DETAILS	Sum Insured		
1	Godown Stock Cotton FP Bales, Cotton Seed, Lint	5000000		

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

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

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



1		NA		0		
Descript	ion of other item					
SI. No.		ITEM DETAILS		Sum Insured		
1	OTHER	NA		0		
		IVA		0		
	Add on Covers		Sum Insured (₹)			
Other Ex				NOT OPTED		
Theft Ex				NOT OPTED		
Terrorisr	m			NOT OPTED		
Special (Conditions	: LAXMI VENKATESI	H GINNING & PRES	SSING FACTORY		
Special (,		
			DST. BHOPA, TQ. L	DHARUR, DIST. BEED- 431130		
Excess		: 1000	al la anacodala			
Inis Poli	cy shall subject to BURGLARY	oolicy clauses attache	a nerewith.			
Premium	and GST Details		D	A I I IND		
Duomaliima			Rate of Tax	Amount in INR ₹ 12,500		
Premium SGST			9	₹ 12,500 1125		
CGST			9	1125		
IGST			0	0		
set his (t	ss whereof the undersighed be their) hand(s)	ing duly authorised b	y the insurers and	d on behalf of the Insurers has (have) hereunder		
	22nd day of March,2024.					
	•					
				For and on behalf of		
				The New India Assurance Company Limited		
Date of I	Issue: 22/03/2024					
				Duly Constituted Attorney(s)		
Mudrank				er Numbervide receipt		
number_	dt Stamp	Duty under the Polic	y 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 : 16070023E0016650

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C