



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | JAY JAGDAMBA TRADING COMPANY . | | | |
|------------------|---|--|------------------------|---|---|
| Insureds Details | | | Issuing Office Details | | |
| Customer ID | : | PO99714757 | Office Code | : | JALGAON (160700) |
| Address | : | NEW MONDHA, GANGAKHED, DIST. PARBHANI | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| | | Gangakhed ,MAHARASHTRA, 431514 | | | |
| Phone No | : | | Phone No | : | 02572236189 / 02572232179 |
| E-mail/Fax | : | bajrangcotex3115@gmail.com, / | E-mail/Fax | : | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27AFNPD0235Q1Z7 / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| | Policy Details | | | | | |
|---------------------|----------------|--|---|---|---|--|
| Policy Number | : | 16070046240100000029 | Business Source Code | | | |
| Period of Insurance | : | From: 29/04/2024 02:38:29 PM To: 28/07/2024 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-Apr-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 | | CENTRAL BANK OF INDIA BR. PARBHANI | | |
| 2 | | SUNDERLAL SAVJI URBAN CO-OP BANK LIMITED | | |
| Premium(₹) | GST(₹) | Total(₹) | Total (7 in words) | Receipt No. & Date |

| Premium(x) | GST(K) | TOLAI(K) | Total (< III words) | Receipt No. & Date | |
|---|--------|----------|---|------------------------------------|--|
| 5,000 | 900 | 5,901 | RUPEES FIVE THOUSAND NINE HUNDRED ONE ONLY | 160700812400000055 8 - 29/04/24 | |
| Location Details : Akshay Agro WarehouseNo.2, Gut No. 61, Malewadi, Tq. Gangakhed, Dist. Parbhani- 431514-431514 | | | | | |

First Loss Percentage

Details of assets covered under the Policy

: NA

| Stocks in Trade | | | | | |
|-----------------|--|-------------|--|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | | |
| 1 | On stock of Chana, Soyabean all types of pulses, Cotton seed Cotton seeds oil cake, food grainsetc stored in Godown | 4000000 | | | |

| 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 | 1 NA 0 | | | | |
| | | | | | |

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

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Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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 Ornbudsman. For details of our office addresses and addresses of office of Insurance Ornbudsman, please visit our website http://newindia.co.in.



| | Currency notes | | | | | |
|--------------|---|---------------------------|-------------------------------|--|--|--|
| SI. No. | | NCY/CURIOS DETAILS | | Sum Insured | | |
| 1 | | NA | | 0 | | |
| | | | | • | | |
| | ion of other item | | | Curra la surra d | | |
| SI. No. | OTHER | ITEM DETAILS | | Sum Insured | | |
| | | | | 0 | | |
| | Add on Covers | | | Sum Insured (₹) | | |
| Other Ex | | | | NOT OPTED | | |
| Theft Ex | | | | NOT OPTED | | |
| Terrorisr | n | | | NOT OPTED | | |
| Special C | Conditions | : On stock of Chana, Sc | yabean & all | ll types pulses,seed,food grains stored at Akshay Malewadi, Tq. Gangakhed, Dist. Parbhani- 43151 | | |
| - | | | Gut No. 61, № | Malewadi, Tq. Gangakhed, Dist. Parbhani- 43151 | | |
| Excess | ev chall subject to PUPCLARY | : 1000 | arawith | | | |
| INS POIL | cy shall subject to BURGLARY p | bolicy clauses attached h | erewith. | | | |
| Duo no lu mo | | | | | | |
| Premium | and GST Details | | Rate of Tax | Amount in INR | | |
| Premium | | | | ₹ 5,000 | | |
| SGST | | | 9 | 450 | | |
| CGST | | | 9 | 450 | | |
| IGST | | | 0 | 0 | | |
| set his (t | 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 April,2024. | | | | | |
| Date of I | lssue: 29/04/2024 | | | For and on behalf of The New India Assurance Company Limited | | |
| | | | | | | |
| | | | | Duly Constituted Attorney(s) | | |
| | cDtcon dt Stamp | | | der Numbervide receipt | | |
| | 2017-18 onwards is mo | re than the aggregate | turnover noti terms of the | any preceding financial year from tified under sub-rule (4) of rule 48, e provisions of the said sub-rule. 001064 | | |
| | | IRDA Registration N | | | | |

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