



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

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|-------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------|
| Insured's Name | : LAXMINARAYAN FIBER PVT LTD | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : POB2926858 | Office Code | : DO II AURANGABAD (160500) |
| Address | : GUT NO. 275 & 276, HELESWADI, AT. MANTHA, DIST. JALNA "-431504 MANTHA ,MAHARASHTRA, 431504 | Address | : LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003 |
| Phone No | : | Phone No | : 02402482688 / 02402480985 |
| E-mail/Fax | : laxminarayanfiber@gmail.com, / | E-mail/Fax | : nia.160500@newindia.co.in / 02402486895 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27AACCL2664G1ZJ / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Policy Details | | | |
| Policy Number | : 16050046240100000059 | Business Source Code | |
| Period of Insurance | : From: 07/05/2024 11:42:24 AM To: 06/08/2024 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 | : 07-May-24 | Agent/Bancassurance/S pecified Person | : |
| Prev. Policy no. | : | Phone No | : 02402350377, 9850049400 / NA |
| Client Type | : Corporate | E-mail/Fax | : kailash@jainuineinsurance.co.in, / / |

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|-----------------------------|-------------------------------|
| Financier(s) Details | |
| Sl. No. | Name of the Financiers |
| 1 | S.B.I BR SENDHWA |

| | | | | |
|-------------------|---------------|-----------------|-----------------------------------------------------|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 1,250 | 226 | 1,477 | RUPEES ONE THOUSAND FOUR HUNDRED SEVENTY-SEVEN ONLY | 1605008124000000088 9 - 07/05/24 |

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|-------------------------|--------------------------------------------------------------------------------------------------|
| Location Details | : In the godown of Bhagwan Warehouse, Gut No.84, Nanded road, Nardsi, Dist Nanded-431709 -431709 |
|-------------------------|--------------------------------------------------------------------------------------------------|

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|------------------------------|------|
| First Loss Percentage | : NA |
|------------------------------|------|

Details of assets covered under the Policy

| | | |
|------------------------|--------------------------------------------------------------|--------------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | cotton F P Bales, Cotton Seeds,Cotton seed Oil Cake,soyabean | 10000000 |

| | | |
|----------------------------------------|---------------------------|--------------------|
| 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 |

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

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| Coins / Currency notes |
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Policy No. : 16050046240100000059 Document generated by 35691 at 07/05/2024 11:51:53 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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 Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



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

| Description of other item | | |
|---------------------------|--------------------|-------------|
| 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 | : | On stock of cotton F P Bales, Cotton Seeds, & Cotton seed Oil Cake,soyabean etc whilst stored &/or lying in Godown / & or Warehouse. |
| Excess | : | 0 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 1,250 |
| SGST | 9 | 113 |
| CGST | 9 | 113 |
| 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 07th day of May,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 07/05/2024

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 : 16050024P0001598

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| <p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p> |
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