



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	SHRIYANSH AGRO				
Insureds Details			Issuing Office Details			
Customer ID		PO97461055	Office Code		: AHMEDNAGAR D.O. 151800 (151800)	
Address	:	PLOT NO 101, SECTOR F-1, CIDCO N- 4, AURANGABAD, MAHARASHTRA	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
		AURANGABAD(MA) ,MAHARASHTRA, 431003				
Phone No	:		Phone No	:	02412321538 / 02412343372	
E-mail/Fax	:	sagro9413@gmail.com, /	E-mail/Fax	:	nia.151800@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AEOFS1065F1ZV / NA	GSTIN		27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details					
Policy Number	:	15180046240100000063	Business Source Code		
Period of Insurance	:	From: 01/07/2024 06:34:22 PM To: 31/07/2024 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	:	01-Jul-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	HDFC BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
501	90	592	RUPEES FIVE HUNDRED NINETY- TWO ONLY	1518008124000000295 4 - 01/07/24
Location Details		Buldana Urban Wareho warkhed , Tq, Telhara	ouse, Dist Akola-444103-444103	

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in Trade		
SI. No.	STOCK DETAILS	Sum Insured
1	Cotton F.P Bales	400000

Goods h	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 Ed	uipments	
SI. 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	N/	A	0			
Descript	ion of other item					
SI. No.	OTHER ITE	/ DETAILS	Sum Insured			
1	N/	A	0			
Add on Covers Sum Insured (₹)			Sum Insured (₹)			
Other Ex	ktension		NOT OPTED			
Theft Extension			NOT OPTED			
Terrorism		NOT OPTED				
Special (Conditions : E	Buldana Ur <u>b</u> an Warehouse,				

Hiwarkhed , Tq, Telhara Dist Akola-444103

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amou	nt in INR
Premium		₹	501
SGST	9	45	
CGST	9	45	
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 01st day of July,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/07/2024

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: 15180024P0004404

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C