



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	RUSHI COTTON INDUSTRIES			
	I	nsureds Details		lss	suing Office Details
Customer ID	:	PO97318192	Office Code : AHMEDNAGAR D.O. 151800		AHMEDNAGAR D.O. 151800 (151800)
Address	:	1, NEAR MARKET YARD, VAGHEL ROAD, HARIJ, PATAN, GUJARAT	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
		HARIJ ,GUJARAT, 384240			
Phone No	:		Phone No	:	02412321538 / 02412343372
E-mail/Fax	:	pancholi.tejas@gmail.com, /	E-mail/Fax	:	nia.151800@newindia.co.in /
PAN No	- :		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	24AAIFR4454P1ZO / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	15180046240100000019	Business Source Code		
Period of Insurance	:	From: 08/05/2024 01:15:16 PM To: 07/08/2024 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	:	08-May-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.	SI. No. Name of the Financiers	
1	AXIS BANK LTD	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,399	432	2,832	RUPEES TWO THOUSAND EIGHT HUNDRED THIRTY-TWO ONLY	1518008124000000111 1 - 09/05/24
Location Details		Godown No 22, Bhav arij - 384240-384240	down No 22, Bhavesh Oil Industries Compound Near Market yard Vaghel Roa j - 384240-384240	

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in	n Trade	
SI. No.	STOCK DETAILS	Sum Insured
1	COTTON STOCK IN OIL MILL GOWDOWN NO 22	12000000

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	urrency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



1	NA NA	0	
Descrip	I DESCRIPTION OF OTHER ITEM		

Descript	Description of other item		
SI. 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	:	AS PER POLICY CLAUSE
Excess	:	0

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	2,399
SGST	0	0	
CGST	0	0	
IGST	18	432	

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 09th day of May,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 09/05/2024

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: 15180024P0001733

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C