



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	: BHAVESH OIL INDUSTRIES		
Insureds Details		Issuing Office Details	
Customer ID	: POB4668587	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: 1, NEAR MARKET YARD, VAGHEL ROAD, HARIJ, PATAN, GUJARAT, 384240 HARIJ ,GUJARAT, 384240	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412343372
E-mail/Fax	: naser@jainuineinsurance.co.in, /	E-mail/Fax	: nia.151800@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 24AADFB3010A1ZM / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180046240100000035	Business Source Code	:
Period of Insurance	: From: 25/05/2024 12:00:01 AM To: 24/08/2024 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	: 25-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	
Sl. No.	Name of the Financiers
1	AXIS BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
4,402	793	5,196	RUPEES FIVE THOUSAND ONE HUNDRED NINETY-SIX ONLY	1518008124000000168 9 - 29/05/24
Location Details		: Godown No. - 31/32/33/34/35/36/37 , Ramdev godown, Vaghel road, Harij 384240-384240		

First Loss Percentage	: NA
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Details of assets covered under the Policy

Stocks in Trade		
Sl. No.	STOCK DETAILS	Sum Insured
1	GODOWN NO 31/32/33/34/35/36/37 STOCK OF COTTON	22000000

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

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

Coins / Currency notes		
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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	:	AS PER POLICY CLAUSE
Excess	:	500

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4,402
SGST	0	0
CGST	0	0
IGST	18	793

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 May,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 29/05/2024

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 : 15180024P0002668

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