



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | : BALAJI INDUSTRIES | | | | |
|---|---|-----------------------------|-------------------------------------|---|--|--|
| Insureds Details | | | Issuing Office Details | | | |
| Customer ID | : | POA2942943 | Office Code : JALNA BRANCH (160501) | | | |
| Address : SR.NO.611, MANDAL - VIRAMGAM ROAD, MANDAL, MEHSANA, GUJARA 382130 | | Address | : | : K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 | | |
| | | MANDAL ,GUJARAT, 382130 | | | | |
| Phone No | : | | Phone No | : | 02482232708 / 02482232709 | |
| E-mail/Fax | : | pancholi.tejas@gmail.com, / | E-mail/Fax | : | nia.160501@newindia.co.in / | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 24AAJFB4503E1Z0 / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| | | | Policy | Details | | | |
|---|---|--|----------------------|---|-----|-------------------------------------|---|
| Policy Number | : | 1605014624010000 | Business Source Code | | | | |
| Period of Insurance | : | : From: 03/05/2024 12:00:01 AM To: 02/08/2024 11:59:59 PM | | Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User | : | (DA3388757) | urance Brokers Pvt. Ltd rance Brokers Pvt.Ltd , |
| Date of Proposal | : | : 03-May-24 | | Agent/Bancassurance/S pecified Person | : | | |
| Prev. Policy no. | : | 16050146230100000185 | | Phone No | : | 02402350377, 9850049400 / NA | |
| Client Type | : | Non-Corporate | | E-mail/Fax : kailash@jainu | | iineinsurance.co.in, / / | |
| Premium(₹) | | GST(₹) | Total(₹) | Total (₹ in v | vor | rds) | Receipt No. & Date |
| 28,451 | | 5,121 | 33,573 | RUPEES THIRTY-THREE THOUSAND FIVE HUNDRED SEVENTY-THREE ONLY | | 1605018124000000078 5 - 02/05/24 | |
| Location Details SHRI RAMANAND WAREHOUSE SURVEY NO 236, MANDAL RAMPURA HIGHWAY , NAVAGAM,TA. MANDAL DI. AHMEDABAD-382130 | | | | | | | |

First Loss Percentage

Details of assets covered under the Policy

: NA

| Stocks in Trade | | | | | |
|-----------------|--|-------------|--|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | | |
| 1 | [GODOWN STOCK] All Stock of cotton FP bales in godown. Stock Held In Trust Also Covered Burglary with Theft and Robbery | 7500000 | | | |

| Goods held in Trust / Commision | | | | | |
|---------------------------------|--------------------|-------------|--|--|--|
| SI. No. | GOODS HELD DETAILS | Sum Insured | | | |
| 1 | NA | 0 | | | |

| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
|---------------------------|------------------------------------|-------------|
| 1 | NA | 0 |
| Office Equipme Sl. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| | | Sum Insured |
| | NA | Ο |

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

Policy No. : 16050146240100000027Document generated by 36776 at 02/05/2024 15:21:45 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.



| 1 | | NA | 4 | 0 | | |
|-----------------|--------------------|-------------------|---|--------------------------------------|--|--|
| Descript | tion of other item | | | | | |
| SI. No. | | | 1 DETAILS | Sum Insured | | |
| 1 | | NA | A | 0 | | |
| | Add on Covers | | | Sum Insured (₹) | | |
| Other Extension | | | NOT OPTED | | | |
| Theft Extension | | | | 7500000 | | |
| Terrorism | | | NOT OPTED | | | |
| Special | Conditions | : [(All Bu | GODOWN STOCK] Stock of cotton FP bales in godo rglary with Theft and Robbery | wn. Stock Held In Trust Also Covered | | |
| Excess : 1 | | | .000 | | | |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | | |
|---------|-------------|---------------|--|--|
| Premium | | ₹ 28,451 | | |
| SGST | 0 | 0 | | |
| CGST | 0 | 0 | | |
| IGST | 18 | 5121 | | |

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 02nd day of May,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 02/05/2024

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 : 16050124E0000954

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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