



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

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|-------------------------|--|-------------------------------|---|
| Insured's Name | : AMBICA COTTON | | |
| Insureds Details | | Issuing Office Details | |
| Customer ID | : POA4466480 | Office Code | : JALNA BRANCH (160501) |
| Address | : SURVEY NO 137, MEHSANA HIGHWAY ROAD, HARIJ, PATAN, GUJARAT HARIJ ,GUJARAT, 384240 | Address | : K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 |
| Phone No | : XXXXXX7581 | Phone No | : 02482232708 / 02482232709 |
| E-mail/Fax | : info.jainuine@gmail.com, / | E-mail/Fax | : nia.160501@newindia.co.in / |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 24AAXFA9617J1ZV / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|---|---|---|
| Policy Details | | | |
| Policy Number | : 16050146240100000030 | Business Source Code | |
| Period of Insurance | : From: 03/05/2024 07:34:58 PM To: 02/08/2024 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 | : 03-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, / / |

| | | | | |
|-------------------------|---------------|---|--|-------------------------------------|
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
| 7,000 | 1,260 | 8,261 | RUPEES EIGHT THOUSAND TWO HUNDRED SIXTY-ONE ONLY | 1000008924050007578 7 - 03/05/24 |
| Location Details | | : SURVEY NO 137, MEHSANA HIGHWAY ROAD, HARIJ, Patan, Gujarat, 384240-384240 | | |

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

Details of assets covered under the Policy

| | | |
|------------------------|--|--------------------|
| Stocks in Trade | | |
| Sl. No. | STOCK DETAILS | Sum Insured |
| 1 | On Stock Of Cotton seeds/F. P. Cotton Bales Including Packing Material Whilst Stored & / Or Lying In Anywhere in the godown, Stock Held In Trust Also Covered In The Premises/compound mentioned above risk location | 35000000 |

| | | |
|--|---------------------------|--------------------|
| 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 | | |
| 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 |
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 7,000 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 1260 |

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 03rd day of May,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 03/05/2024

(Mr. Anil Kandharkar)
[Branch Manager]

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 : 16050124P0001030

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