



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | KRISHNA INDUSTRIES | | | | |
|------------------|---|------------------------------------------------------------------------|----------------|---|-------------------------------------------------------------------------|--|
| Insureds Details | | Insureds Details | ils I | | Issuing Office Details | |
| Customer ID | | POB4399543 | Office Code | : | JALNA BRANCH (160501) | |
| Address | : | SURVEY NO 194, VAGHEL ROAD, HARIJ, HARIJ, PATAN, GUJARAT, 384240 | Address | : | K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 | |
| | | HARIJ ,GUJARAT, 384240 | | | | |
| 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 | | 24AATFK9072H1ZT / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | | |
|-----------------------------------------------------------|---|---------------------------------------------------------|---------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------|--|
| Policy Number : 16050146240100000039 Business Source Code | | | | | | |
| Period of Insurance | : | From: 12/05/2024 11:19:09 AM To: 11/08/2024 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 | : | 12-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. Name of the Financiers | | |
| 1 | AXIS BANK LTD | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--------------------------------------------------------------------------------------|----------|-----------------------------------------------------|-------------------------------------|
| 1,400 | 252 | 1,653 | RUPEES ONE THOUSAND SIX HUNDRED FIFTY-THREE ONLY | 1605018124000000117 6 - 15/05/24 |
| Location Details | : Jaliyan - 1, godown no.95,Behind Jaliyan way bridge, HARIJ, Patan, Gujarat, 384240 | | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| SI. No. | ocks in Trade . No. STOCK DETAILS Sum Insured | | | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|--|
| 1 | Storage of On stock of Cotton seeds/ Cotton FP Bales Including Packing Material Whilst Stored & / Or Lying In Godown(S) Building Built Of Class 'A' Class Construction Situated At above mentioned address. Stock Held In Trust Also Covered. | 7000000 | | | | |

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

| Furniture / Fixture / Fittings | | | | | |
|--------------------------------|--------------------------------------------------|---|--|--|--|
| SI. No. | . FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured | | | | |
| 1 | NA | 0 | | | |

| Office Equipments | | | | | |
|-------------------|--------------------------|-------------|--|--|--|
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured | | | |
| 1 | NA | 0 | | | |



| Coins / 0 | Currency notes | | | | | |
|-----------|-------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|--|
| SI. No. | COINS/CURF | RENCY | /CURIOS DETAILS | | Sum Insured | |
| 1 | | N | Α | | 0 | |
| Descript | tion of other item | | | | | |
| SI. No. | OTHE | R ITE | M DETAILS | | Sum Insured | |
| 1 | | N | A | 0 | | |
| | | | T | | | |
| | Add on Covers | | | Sum Insure | . , | |
| | xtension | | | NOT OPT | TED | |
| Theft Ex | | | | NOT OPT | ΓED | |
| Terroris | m | | | NOT OPT | ΓED | |
| Special | Conditions | | ocation : iyan - 1, godown no.95,Behind Jaliyan way bridge, HARIJ, Patan, Gujarat, 384240 | | | |
| Excess | | | .000 | | | |
| Premium | and GST Details | | Rate of Tax | Amoi | unt in INR | |
| Premium | | | nate of rax | ₹ | 1,400 | |
| SGST | | | 0 | 0 | 2,100 | |
| CGST | | | 0 | 0 | | |
| IGST | | | 18 | 252 | | |
| set his (| ss whereof the undersigned l their) hand(s) 15th day of May,2024. | peing | duly authorised by the Insurers a | nd on behal | f of the Insurers has (have) hereunder | |
| | 45,05,000 | | | The Nev | For and on behalf of w India Assurance Company Limited | |
| Date of | Issue: 15/05/2024 | | | | | |

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.

number_____dt._____. Stamp Duty under the Policy is ₹1/-.

__Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt

Tax Invoice No: 16050124P0001413

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Duly Constituted Attorney(s)