



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | M/S. MANJEET COTTON PVT.LTD. | | | |
|------------------|---|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---|---------------------------------------------------------------------|
| Insureds Details | | Insureds Details | Issuing Office Details | | |
| Customer ID | : | PO74756097 | Office Code : AMARAVATHI DO (160600) | | |
| Address | : | SY NO. 288/1, 288/2, 288/3, 289/1 K WARLA ROAD, SENDHWA DIST.BARWANI SENDHWA (KHARGON) ,MADHYA PRADESH, 451666 | Address | : | DHARMADAYA COTTON FUND ROAD, WALCUT COMPOUND, AMRAVATI,444601 |
| Phone No | : | | Phone No | : | 07212577538 / 07212576803 |
| E-mail/Fax | : | kailash@jainuineinsurance.co.in, / | E-mail/Fax | : | nia.160600@newindia.co.in / 07212575756 |
| PAN No | : | AAECM5891Q | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 23AAECM5891Q1ZS / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---------------------------------------------------------|---------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------|
| Policy Number | : | 16060046240100000051 | Business Source Code | | |
| Period of Insurance | : | From: 28/05/2024 06:06:45 PM To: 27/08/2024 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 | : | 28-May-24 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | 16060046230100000306 | Phone No | : | 02402350377, 9850049400 / NA |
| Client Type | : | Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // |

| Financier(s) Details | | |
|----------------------|------------------------|--|
| SI. No. | Name of the Financiers | |
| 1 | AXIS BANK | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|-----------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------|-------------------------------------|
| 3,000 | 540 | 3,541 | RUPEES THREE THOUSAND FIVE HUNDRED FORTY-ONE ONLY | 1606008124000000124 2 - 28/05/24 |
| Location Details | : NIMAR AGRO PARK,GODOWN NO.1&2,SR. NO.153,GRAM JAMLI,A.B.ROAD,NEAR SENDHWA TOLLPLAZA,JAMLI,BARWANI451666 | | | |

: 25% First Loss Percentage

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|---------------------------------------------------------------|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | STOCK OF COTTON FP BALES, COTTON SEED, OIL CAKE IN GUNNY BAGS | 120000000 | | |

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

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

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

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



| | | * | MOIA ASSURLAND | | | |
|-------------------------------|---------------------------------------------------------------|----------------------------------------------------|---------------------------------|------------------------|-----------------------------------------------------------|-----|
| | | | | | | |
| Coins / Curr | ency notes | | | | | |
| Sl. No. | | ENCY/CURIOS DETAILS | | | Sum Insured | |
| 1 | | NA | | | 0 | |
| Description | of other item | | | | | |
| Sl. No. | | R ITEM DETAILS | | | Sum Insured | |
| 1 | | NA | | 0 | | |
| | Add on Covers | | | Sum Insur | red (₹) | |
| Other Exten | | | | NOT OP | | |
| Theft Exten | | | | NOT OP | | |
| Terrorism | | | | NOT OP | TED | |
| Special Con | ditions | : ON STOCK OF COT AT.GODOWN. | TON FP BALES,C | COTTON SE | ED,OIL CAKE IN GUNNY BAGS | |
| | | NIMAR AGRO PARK, 3,NEAR SENDHWA T | GODOWN NO.1 & OLL PLAZA,JAMI | & 2,SARVE LI,BARWAN | Y NO.153,GRAM JAMLI,A.B. ROAD,N II.451666 | H |
| Excess | | : 0 | | | | |
| Premium | | | Rate of Tax | Amo ₹ | unt in INR 3,000 | |
| | | | | | 3,000 | |
| SGST CGST | | | 0 | 0 0 | | |
| IGST | | | 18 | 540 | | |
| In witness w set his (thei | whereof the undersigned b r) hand(s) n day of May,2024. | eing duly authorised by | the Insurers an | d on behal | If of the Insurers has (have) hereun | der |
| Date of Issu | ne: 28/05/2024 | | | The Ne | For and on behalf of w India Assurance Company Limited | d |
| | | | | | Duly Constituted Attorney(s) | |
| Mudrank number | | onsolidated Stamp Fees op Duty under the Policy | | der Numbe | rvide receipt | |

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 : 16060024E0002132

IRDA Registration Number: 190 **NIA PAN NUMBER: AAACN4165C**