



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

			UIN NUMBER - IRD	AN190P0098	3100001			
Insured's Name	:	DEV TRADERS						
		nsureds Details				lss	uing Office Det	ails
Customer ID	:	POB0558549		Office Code		:	AHMEDNAGA	AR D.O. 151800 (151800)
Address	:	JATASHANKARI ,MADHYA PRADES	sH, 451556	Address		:	ABBOT BUILD NEAR ASHON AHMEDNAGA	DING, 2ND FLOOR, KA HOTEL, KINGS ROAD AR,414001
	+	ANJAOI ,MADHYA	PRADESH, 451556			H		
Phone No	╪			Phone No		ŀ		/ 02412343372
E-mail/Fax	+:	ashishpatidar.504@	gmail.com, /	E-mail/Fax	_	<u>:</u>		newindia.co.in /
PAN No	<u> </u>			S.Tax Regn. N	No	<u>:</u>	AAACN4165C	
GSTIN/UIN	<u> </u>	23AWUPP1530E1Z	M / NA	GSTIN		:	27AAACN416	
	:			SAC		:	997139 (Other excl RI)	r non-life insurance servic
			Policy	Details				
Policy Number	:	1518004624010000	0079	Business Sou	rce Code			
Period of Insurance	:	: From: 12/07/2024 12:00:01 AM To: Dev.Off.   : Jainuine Insurance   11/08/2024 11:59:59 PM   level/Broker/Corp.   (DA3388757)		ance Brokers Pvt.Ltd				
Date of Proposal	:	12-Jul-24		Agent/Bancas	surance/S	:		
Prev. Policy no.	:			Phone No		:	02402350377	, 9850049400 / NA
Client Type	:	Non-Corporate		E-mail/Fax		:	kailash@jainu	ineinsurance.co.in, //
			Financie	r(s) Details				
SI. No.				Name of the	Financiers			
1			STATE B	ANK OF INDIA	BR MIDC	JAL	_GAON	
Premium(₹)		GST(₹)	Total(₹)	Т	otal (₹ in w	or/	ds)	Receipt No. & Date
2,500		450	2,951	RUPEES TWO THOUSAND NINE 1518008124		15180081240000003 9 - 11/07/24		
Location Details	<u>'</u>		JTSAV WAREHOUSE IJAD BARWANI ROA			<b>VI</b> -	451556-451	556
First Loss Percentage	)	: N	A					
Γ		Ι	Details of assets cov	ered under th	ne Policy			
Stocks in Trade					T			
Sl. No.		STOCK D	ETAILS				Sum Ir	nsured
1	STOCK OF F.P COTTON						2000	0000
Goods held in Trust /	Cor	nmision						
Sl. No.	GOODS HELD DETAILS				Sum Insured			
1		N/	4				C	)

Goods h	eld in Trust / Commision	
SI. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0

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

Office Ed	quipments	
SI. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

Coins / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



1	NA NA				0		
Descript	tion of other item						
SI. No.		OTHER ITE	M DETAILS		Sum Insured		
1		N	A		0		
	Add on Covers			Sum Insur	 ed (₹)		
Other Ex				NOT OP	• •		
Theft Ex				NOT OP			
Terrorisr	m			NOT OP	TED		
Special (	Conditions	:  <sub>A</sub>	UTSAV WAREHOUSE Godown i NJAD BARWANI ROAD ,ANJAD, I		- 451556		
Excess			500				
This Polic	icy snall subject to BURG	LARY poli	cy clauses attached herewith.				
	and GST Details	JLARY POII	cy clauses attached herewith. Rate of Ta:	c Amo	unt in INR		
	and GST Details	JLARY POII		c Amo ₹	unt in INR 2,500		
Premium	and GST Details	LAKY poli					
Premium Premium	and GST Details	LAKY poli	Rate of Ta	₹			
Premium Premium SGST	and GST Details	JLARY poli	Rate of Ta	₹ 0			
Premium SGST CGST IGST In witnesset his (t	and GST Details		Rate of Ta: 0 0	₹ 0 0 450	2,500	e) hereunder	
Premium SGST CGST IGST In witnesset his (t	and GST Details ss whereof the undersig		Rate of Tax 0 0 18	₹ 0 0 450	2,500	e) hereunder	

Date of Issue: 11/07/2024

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: 15180024P0004920

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C