



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

### UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	LAXMI COTSPIN LTD			
		Insureds Details	Issuing Office Details		
Customer ID	:	POA4385619	Office Code	:	JALGAON (160700)
Address	:	GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION)  JALNA ,MAHARASHTRA, 431203	Address	:	MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001
Phone No	:		Phone No	:	02572236189 / 02572232179
E-mail/Fax	:	cfo@laxmicotspin.com, /	E-mail/Fax	:	nia.160700@newindia.co.in / 2572236189
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAECM5186A1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	16070046240100000147	Business Source Code		
Period of Insurance	:	From: 29/07/2024 02:37:45 PM To: 28/08/2024 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	:	29-Jul-24	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	l :	kailash@jainuineinsurance.co.in, //

	Financier(s) Details
SI. No.	Name of the Financiers
1	HDFC BANK LTD

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,875	518	3,394	RUPEES THREE THOUSAND THREE HUNDRED NINETY-FOUR ONLY	1607008124000000258 1 - 29/07/24
Location Details	: Gut No.394 & 399,Warehouse godown no.1,2&3, Samangaon,Jalna Ambad road,Tq.Dist Jalna 431203-431203			

#### : NA First Loss Percentage

#### Details of assets covered under the Policy

Stocks in Trade			
SI. No.	STOCK DETAILS	Sum Insured	
1	On stock of COTTON FULLY PRESS BALES	23000000	

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

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

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

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



Coins / C	Coins / Currency notes			
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured		
1	NA	0		

Descript	Description of other item			
SI. 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		Laxmi cotspin Ltd, Gut No.394 & 399,Warehouse godown no.1,2&3, Samangaon,Jalna Ambad road,Tq.Dist Jalna 431203
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

#### Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	2,875
SGST	9	259	
CGST	9	259	
IGST	0	0	

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 29th day of July,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 29/07/2024

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: 16070024P0005447

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C