



POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY
UIN NUMBER - IRDAN190P0187V01100001

Insured's Name	: BEED URBAN MULTI STATE CO-OPP. CREDIT SOCIETY LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: PO43270361	Office Code	: JALNA BRANCH (160501)
Address	: RATANLAL COMPLEX, ADALAT ROAD, GANGAKHED. DIST PARBHANI PARBHANI ,MAHARASHTRA, 431402	Address	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	: XXXXXX9450	Phone No	: 02482232708 / 02482232709
E-mail/Fax	: Sham@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160501@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050146242400000004	Business Source Code	
Period of Insurance	: From:31/07/2024 12:00:01 AM To: 30/07/2025 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	: 31-Jul-24	Agent/Bancassurance/Specialized Person	:
Prev. Policy no.	: 16050146232400000005	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
16,523	2,974	19,497	RUPEES NINETEEN THOUSAND FOUR HUNDRED NINETY-SEVEN ONLY	16050181240000003772 - 31/07/24

Risk Details					
Risk No.	Section	Description Of Property	Sum Insured	Location Details	Excess
1	Section I (Fire)	MONEY i.e. CURRENCY NOTES,	1000000	BEED URBAN MULTI STATE CO-OPP CREDIT SOCIETY LTD. RatanlalComplex, Adalat Road,Gangakhed Dist Parbhani	10000
1	Section I (Fire)	GOLD AND SILVER INCLUDING ORNAMENTS	5000000	BEED URBAN MULTI STATE CO-OPP CREDIT SOCIETY LTD. RatanlalComplex, Adalat Road,Gangakhed Dist Parbhani	10000
1	Section I (Fire)	OFFICE F.F.F. INCLUDING COMPUTERS, CCTV, ALARM ETC.	1500000	BEED URBAN MULTI STATE CO-OPP CREDIT SOCIETY LTD. RatanlalComplex, Adalat Road,Gangakhed Dist Parbhani	10000

Policy No. : 16050146242400000004 Document generated by 36776 at 31/07/2024 16:07:10 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



2	Section III (Burglary)	MONEY i.e. CURRENCY NOTES	1000000	BEED URBAN MULTI STATE CO-OPP CREDIT SOCIETY LTD. RatanlalComplex, Adalat Road,Gangakhed DistParbhani	1000
2	Section III (Burglary)	GOLD AND SILVER INCLUDING ORNAMENTS	5000000	BEED URBAN MULTI STATE CO-OPP CREDIT SOCIETY LTD. RatanlalComplex, Adalat Road,Gangakhed DistParbhani	1000
3	Section IV (Money)	ON MONEY i.e. CURRENCY NOTES AND COINS	40000000	WITHIN 5 KM'S RADIOUS FROM GANGAKHED OFFICE. SINGLE CARRYING LIMIT UNDER SECTION I A,B & CRS.25 LAC	1000

Risk No.	Special Conditions	Special Excess
1	RISK AS PER SFSP POLICY WITH ADD ON RISK OF EQ A ND STFI.	10000
2	AS PER BURGLARY INSURANCE POLICY CLAUSE.	1000
3	(1) AS PER MONEY INSURANCE CLAUSE. (2) SINGLE CARRYING LIMIT RS. 25 LACS (3) S.R.C.C. RISK IS ALSO COVERD.	1000

This Policy shall subject to PACKAGE INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 16,523
SGST	9	1487
CGST	9	1487
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 31st day of July,2024.

For and on behalf of
The New India Assurance Company
Limited

Date of Issue: 31/07/2024

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 : 16050124E0004421

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
