



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name   | :  | M/S. MANJEET COTTON PVT.LTD.  |   |   |  |  |
|------------------|----|---|---|---|--|--|
| Insureds Details |    | Issuing Office Details  |   |   |  |  |
| Customer ID      | •• | PO74756149  | Office Code : AMARAVATHI DO (160600)                    |   |  |  |
| Address          |    | SY.NO.1393, 1395, 1399, 1401<br>PETLAWAD ROAD, BADNAWAR<br>DIST.DHAR (M.P.)<br>Badnawar ,MADHYA PRADESH, 454660 | Address   | : | DHARMADAYA COTTON FUND ROAD<br>WALCUT COMPOUND,<br>AMRAVATI,444601 |  |
| Phone No         | •• |   | Phone No  | : | 07212577538 / 07212576803  |  |
| E-mail/Fax       |    | kailash@jainuineinsurance.co.in, /  | E-mail/Fax : nia.160600@newindia.co.in /<br>07212575756 |   |  |  |
| PAN No           | :  | AAECM5891Q  | S.Tax Regn. No : AAACN4165CST178                        |   | AAACN4165CST178  |  |
| GSTIN/UIN        | :  | 23AAECM5891Q1ZS / NA  | GSTIN   | : | 27AAACN4165C3ZP  |  |
|                  | :  |   | SAC   | : | 997139 (Other non-life insurance services excl RI)                 |  |

| Policy Details      |   |  |   |                      |   |  |
|---------------------|---|--|---|----------------------|---|--|
| Policy Number       | : | 1606004624010000093  | Business Source Code  | Business Source Code |   |  |
| Period of Insurance | : | From: 26/06/2024 12:00:01 AM To:<br>25/09/2024 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | :                    | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |  |
| Date of Proposal    | : | 26-Jun-24  | Agent/Bancassurance/S pecified Person                               | :                    |   |  |
| Prev. Policy no.    | : | 16060046230100000334                                       | 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                  |  |  |
| 400   | 72        | 473                    | RUPEES FOUR HUNDRED SEVENTY-<br>THREE ONLY | 1606008124000000187<br>0 - 24/06/24 |  |  |
| Location Details : AT.SHREE NAKODA WARE HOUSE,CHAMBER NO.1 & 2,SR.NO.22,VILLAGE<br>CHAWANDA KHEDI,TQ.BADNAWAR,DIST.DHAR454660 |           |                        |  |                                     |  |  |

## First Loss Percentage

Details of assets covered under the Policy

: 25%

|                 | Details of assets covered under th                      | le Policy   |  |  |  |
|-----------------|---|-------------|--|--|--|
| Stocks in Trade |   |             |  |  |  |
| SI. No.         | STOCK DETAILS   | Sum Insured |  |  |  |
| 1               | ON STOCK OF COTTON FP BALES, COTTON SEED IN GUNNY BAGS. | 2000000     |  |  |  |
| Goods h         | eld in Trust / Commision                                |             |  |  |  |
| SI. No.         | GOODS HELD DETAILS                                      | Sum Insured |  |  |  |
| 1               | NA  | 0           |  |  |  |
| Furnitur        | e / Fixture / Fittings                                  |             |  |  |  |
| SI. No.         | FURNITURE/FIXTURE/FITTINGS DETAILS                      | Sum Insured |  |  |  |
| 1               | NA  | 0           |  |  |  |
| Office E        | quipments   |             |  |  |  |
| SI. No.         | OFFICE EQUIPMENT DETAILS                                | Sum Insured |  |  |  |
| 1               | NA  | 0           |  |  |  |
| Coins / C       | Currency notes  |             |  |  |  |
| SI. No.         | COINS/CURRENCY/CURIOS DETAILS                           | Sum Insured |  |  |  |

Policy No. : 1606004624010000093Document generated by 39404 at 24/06/2024 18:10:59 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.



| 1         |                   | NA                     | 0               |  |  |
|-----------|-------------------|------------------------|-----------------|--|--|
| Descript  | ion of other item |                        |                 |  |  |
| SI. No.   | OTHER IT          | EM DETAILS             | Sum Insured     |  |  |
| 1         |                   | NA                     | 0               |  |  |
|           | Add on Covers     |                        | Sum Insured (₹) |  |  |
| Other Ex  | rtension          | NOT OPTED              |                 |  |  |
| Theft Ex  | tension           | NOT OPTED              |                 |  |  |
| Terrorisr | m                 | NOT OPTED              |                 |  |  |
| Special ( | Conditions :      | AS PER BURGLARY POLICY | Y CLAUSE        |  |  |
| Excess    | :                 | 0                      |                 |  |  |

This Policy shall subject to BURGLARY policy clauses attached herewith.

## Premium and GST Details

| Rate of Tax | Amount in INR |                 |
|-------------|---------------|-----------------|
|             | ₹             | 400             |
| 0           | 0             |                 |
| 0           | 0             |                 |
| 18          | 72            |                 |
|             | 0<br>0        | ₹<br>0 0<br>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 24th day of June,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 24/06/2024

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 : 16060024E0003253

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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