



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | BHUMI COTTEX INDUSTRY PVT LTD | | | | | |
|------------------|---|--|----------------|------------------------|--|--|--|
| Insureds Details | | | | Issuing Office Details | | | |
| Customer ID | : | PO89685762 | Office Code | : | : AURANGABAD DO-160400 (160400) | | |
| Address | : | GUT NO.09 RAJUR ROAD, TQ. GUNDEWADI, DIST JALNA -431203 JALNA .MAHARASHTRA, 431203 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | | |
| Phone No | | JALINA , MAHARASITI RA, 431203 | Phone No | <u> </u> | 02402333572 / 02402333361 | | |
| E-mail/Fax | : | bhumicottex@gmail.com, bcpl_jalna@gmail.com / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 | | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | | |
| GSTIN/UIN | : | 27AAECB5045R1Z7 / NA | GSTIN | : | 27AAACN4165C3ZP | | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | | |

| Policy Details | | | | | | | |
|---------------------|---|--|---|---|---|--|--|
| Policy Number | : | 16040046240100000091 | Business Source Code | | | | |
| Period of Insurance | | From: 30/06/2024 12:00:01 AM To: 30/08/2024 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 | : | 30-Jun-24 | Agent/Bancassurance/S pecified Person | : | | | |
| Prev. Policy no. | : | 16040046230100000273 | Phone No | : | 02402350377, 9850049400 / NA | | |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, / / | | |

| Financier(s) Details | | | | | | |
|----------------------|-----------|---|--|-------------------------------------|--|--|
| SI. No. | | Name of the Financiers | | | | |
| 1 | | STATE BANK OF INDIA IFB BR AURANGABAD | | | | |
| | | | | | | |
| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | | |
| 2,813 | 506 | 3,320 | RUPEES THREE THOUSAND THREE HUNDRED TWENTY ONLY | 1604008124000000368 2 - 25/06/24 | | |
| Location Details | : J Gu | K warehousing no 1, ut no 77 At village Gu | ndewadi, Bhokardan Road, Jalna -431 | 203-431203 | | |

| First Loss Percentage |
|-----------------------|
|-----------------------|

Details of assets covered under the Policy

: 25%

| Stocks in Trade | | | | | |
|-----------------|----------------------|-------------|--|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | | |
| 1 | Stock of Cotton Seed | 3000000 | | | |
| | | | | | |

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

| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
|---------------------------|------------------------------------|-------------|
| 1 | NA | 0 |
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| Office Equipme Sl. No. | | Sum Insured |
| 1 | NA | 0 |

Policy No. : 1604004624010000091Document generated by 40073 at 25/06/2024 15:39:20 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



| 1 | | NA | 4 | 0 | |
|--------------------|-------------------|--|-----------|-----------------|--|
| Descript | ion of other item | | | | |
| SI. No. OTHER ITEM | | | M DETAILS | Sum Insured | |
| 1 | NA | | | 0 | |
| Add on Covers | | | | Sum Insured (₹) | |
| Other Extension | | | NOT OPTED | | |
| Theft Ex | tension | | NOT OPTED | | |
| Terrorism | | | NOT OPTED | | |
| ۱ ۱ | | Stock of Cotton Seed, whilst stored &/or lying In the godown of K warehousing no 1,Gut no 77 At village Gundewadi, Bhokardan Road, Jalna - 31203 | | | |
| Excess : 1 | | | 1000 | | |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 2,813 |
| SGST | 9 | 253 |
| CGST | 9 | 253 |
| 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 25th day of June,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 25/06/2024

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 : 16040024E0005949

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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