



MACHINERY INSURANCE POLICY

Insured's Name	:	K K FINECOT PVT.LTD			
Insured's Details		Issuing Office Details			
Customer ID : POA5597080 C		Office Code :		AHMEDNAGAR D.O. 151800 (151800)	
Address	:	KASRAWAD ROAD,KHARGONE KHARGAONE ,MADHYA PRADESH, 451001	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:		Phone No	:	02412321538 / 02412343372
E-mail/Fax	:	kkfibers@gmail.com, /	E-mail/Fax	:	nia.151800@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AAECK3113B1ZE / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997137 (Other property insurance services)

		Polic	y Details		
Policy Number	:	15180044245100000002	Business Source Code		
Period of Insurance	:	From:12/06/2024 04:29:17 PM To: 11/06/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent : Jainuine Insurance Brokers Pvt - (DA3388757) Jainuine Insurance Brokers Pvt.L (SI00028623),		
Date of Proposal	:	12-Jun-24	Agent/Bancassurance/CPS C User	:	
Prev. Policy no.	:		Phone No : 02402350377, 9850049400 / N		02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax : kailash@jainuineinsurance.co.in, //		
		Financi	ier(s) Details		
SI. No.		Name of the Financiers			
1		UNION BANK OF INDIA, KHARGONE			

Premium	GST	Total	Receipt No. & Date
882	159	1,041	15180081240000002204 - 12/06/24

Premises / Work Address (Site of the	Risk Address:kasawarad road,khargone,NA,MP945,KHARGAONE,MP,MADHYA
Property to be insured)	PRADESH INDIA 451001

	7.1.0000	
Total Sum Incured		

Inventory of the Property Insured						
SI. No.	Quantity	Description of Machines	Year of Make	Sum Insured (In ₹)	Escalation(%)	Excess(₹)
1	1	Machine Details: 33 KV CTPR HAVING CT RATIO 10/5 AMP., Serial No of Machine: TRANSFORMERS, Name of the manufacturer: INSTRUMENT TRANSFORMERS	2010	150000	0	2500

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformer and other electrical equipment damage thereto being covered by the Policy only when specifically described in said schedule.

SI. No.	Add on Covers Opted	Indemnity Limits Opted	Excess
1	THIRD PARTY LIABILITY	NA	Policy Excess
2	EXPRESS FREIGHT (EXCLUDING AIR FREIGHT), HOLIDAY RATES OF WAGES ETC	NA	Policy Excess
3	AIR FREIGHT	NA	5 % of Air Freight
4	ADDITIONAL CUSTOMS DUTY	NA	5 % of Additional duty
5	SURROUNDING PROPERTY	NA	Policy Excess
6	DEBRIS REMOVAL	NA	Policy Excess

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



	ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY				
SI. No.	SI. No. Endorsement Number Endorsement Title				
0	ABC	Agreed Bank Clause			

Premium and GST Details

	Rate of Tax	Amount in INR	
Premium		₹	882
SGST	0	0	
CGST	0	0	
IGST	18	159	

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 12th day of June,2024.

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: 15180024P0003414

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C