



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | JAGDISH HARDWARE STORES | | | | |
|----------------|-------------------------|---|------------------------|----------|---|
| | | Insureds Details | Issuing Office Details | | |
| Customer ID | | POB5048082 | Office Code | | JALNA BRANCH (160501) |
| Address | : | 8/2/43/30, AMBICA COMPLEX, NEAR AMBICA NAGAR SOCIETY, KADI, MAHESANA, GUJARAT, 382715 | Address | : | K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203 |
| | | KADI ,GUJARAT, 382715 | | | |
| Phone No | : | XXXXX9898 | Phone No | <u>:</u> | 02482232708 / 02482232709 |
| E-mail/Fax | : | info.jainuine@gmail.com, / | E-mail/Fax | : | nia.160501@newindia.co.in / |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | | 24AABFJ3055H1ZP / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|---------------------|---|---|---|---|---|
| Policy Number | | 16050146240100000076 | Business Source Code | | |
| Period of Insurance | : | From: 18/06/2024 04:45:47 PM To: 17/06/2025 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 | : | 18-Jun-24 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | 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 | 1 THE MEHSANA URBAN CO OP. BANK LTD KADI | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|--|---|-------------------------------------|
| 593 | 107 | 700 | RUPEES SEVEN HUNDRED ONLY | 1000008924060062600 7 - 18/06/24 |
| M | | 3/2/43/30, AMBICA CO ahesana, Gujarat, 382 82715 | MPLEX, NEAR AMBICA NAGAR SOCIET 1715 | TY, KADI, KADI, |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|---|-------------|--|--|
| SI. No. | STOCK DETAILS | Sum Insured | | |
| 1 | Hardware shop | 3000000 | | |
| | STOCK - 30,00,000/- (30 lacs) All type of stock/material | | | |

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

| Furniture / Fixture / Fittings | | | |
|--------------------------------|------------------------------------|-------------|--|
| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured | |
| 1 | FFF | 500000 | |

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

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

Give your valuable feedback on https://www.powindia.co.in/contal/policy/Enedback/Con.



| Collis / C | urrency notes | | | | | |
|---------------------------------------|---|-------------------|--|---|--|--|
| SI. No. COINS/CURRENCY/CURIOS DETAILS | | | DETAILS | Sum Insured | | |
| 1 | NA NA | | | 0 | | |
| Descripti | on of other item | | | | | |
| SI. No. | ОТН | ER ITEM DETAILS | S | Sum Insured | | |
| 1 | | CONTENTS | | 500000 | | |
| | Add on Covers | | | Sum Insured (₹) | | |
| Other Ex | tension | | | NOT OPTED | | |
| Theft Ext | ension | | | NOT OPTED | | |
| Terrorisn | า | | | NOT OPTED | | |
| Special C | Conditions | 8/2/43/30, | OCATION: JAGDISH HARDWARE STORES 2/43/30, AMBICA COMPLEX, NEAR AMBICA NAGAR SOCIETY, KADI, KADI, Mahesana ujarat, 382715 | | | |
| Excess | | : 1000 | | | | |
| This Polic | cy shall subject to BURGLAF | RY policy clauses | attached herewith. | | | |
| Premium a | and GST Details | | | | | |
| | | | Rate of Tax | Amount in INR | | |
| Premium | | | | ₹ 593 | | |
| SGST | | | 0 | 0 | | |
| CGST | | | 0 | 0 | | |
| IGST | | | 18 | 107 | | |
| set his (t | s whereof the undersigned heir) hand(s) 8th day of June,2024. | being duly auth | orised by the Insurers and | l on behalf of the Insurers has (have) hereunde | | |
| | | | | For and on behalf of The New India Assurance Company Limited | | |
| Date of Is | ssue: 18/06/2024 | | | Mandhawar | | |
| | | | | (Mr. Pratik Manwatkar) [Branch Manager] | | |

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.

___consolidated Stamp Fees Paid by Pay Order Number_____vide receipt

MudrankDt.consolidated Stamp Fees Paid bynumberdt.. Stamp Duty under the Policy is ₹1/-.

Tax Invoice No: 16050124P0002676

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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.

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



IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C