



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	RADHE RADHE FIBERS			
		Insureds Details		lss	uing Office Details
Customer ID	:	POA2933413	Office Code	:	JALNA BRANCH (160501)
Address	:	GAT NO.711,713/2,713/3,VEERWADA ROAD, CHOPDA, DIST JALGAON CHOPADA ,MAHARASHTRA, 425107	Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	:		Phone No	:	02482232708 / 02482232709
E-mail/Fax	:	radheradhefiber.1099@rediffmail.com, /	E-mail/Fax	:	nia.160501@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AALFR3854L1ZL / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	16050146240100000083	Business Source Code		
Period of Insurance	:	From: 24/06/2024 04:54:35 PM To: 23/08/2024 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	:	24-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.	SI. No. Name of the Financiers	
1	HDFC BANK LTD BR CHOPDA	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
2,812	506	3,319	RUPEES THREE THOUSAND THREE HUNDRED NINETEEN ONLY	1605018124000000253 1 - 24/06/24
Location Details	: F	RANA DENIM PVT LTD.		
		GODOWN NO. 03, SURVEY GUT No. 232/1, VILLAGE- BHARI, TALUKA & DIST: YEVATMAL-445001		

: NA First Loss Percentage

Details of assets covered under the Policy

Stocks in	Stocks in Trade		
SI. No.	STOCK DETAILS	Sum Insured	
1	Godown Stock	15000000	
	On stock of Cotton FP Bales		

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

Furniture	Furniture / Fixture / Fittings			
SI. No.	o. FURNITURE/FIXTURE/FITTINGS DETAILS Sum Insured			
1	NA	0		

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



Coins / C	Coins / Currency notes				
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured			
1	NA	0			

Descript	Description of other item			
SI. No.	OTHER ITEM DETAILS	Sum Insured		
1	NA	0		

Add on Covers	Sum Insured (₹)
Other Extension	NOT OPTED
Theft Extension	NOT OPTED
Terrorism	NOT OPTED

Special Conditions	:	as per policy
Excess	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

	Rate of Tax		Amount in INR	
Premium		₹	2,812	
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 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 : 16050124P0002922

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C