



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | VIMALKUMAR MOHANLAL | | | |
|----------------|---|------------------------------|----------------|-----|--|
| | | Insureds Details | | lss | uing Office Details |
| Customer ID | : | POB5101784 | Office Code | : | JALNA BRANCH (160501) |
| Address | : | PACHORA ROAD, JAMNER | Address | : | K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA |
| | | JAMNER ,MAHARASHTRA, 424206 | | | ,431203 |
| Phone No | : | | Phone No | : | 02482232708 / 02482232709 |
| E-mail/Fax | : | VIMALKUMAR.JAMNER@GMAIL.COM, | E-mail/Fax | : | nia.160501@newindia.co.in / |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27AASFV7108E1ZU / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | |
|--------------------------------------|---|---|---|---|---|
| Policy Number : 16050146240100000082 | | 16050146240100000082 | Business Source Code | | |
| Period of Insurance | : | From: 20/06/2024 05:17:46 PM To: 19/06/2025 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 | : | 20-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 JALGAON JANATA SAHAKARI BANK LTD JALGAON | | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|--|----------|--|-------------------------------------|
| 2,500 | 450 | 2,950 | RUPEES TWO THOUSAND NINE HUNDRED FIFTY ONLY | 1605018124000000241 4 - 20/06/24 |
| Location Details | ion Details : 2354, 2353. C.S.T 3916/2,PACHORA ROAD JAMNER 424206-424206 | | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Stocks in | Stocks in Trade | | |
|-----------|--|-------------|--|
| SI. No. | STOCK DETAILS | Sum Insured | |
| 1 | On Stock of PVC PIPE / AQUA/ CPVC / SWR/ SOLVENTS/ PIPE & FITTINGS Godown. | 5000000 | |

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

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

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

| Coins / Currency notes | | |
|------------------------|-------------------------------|-------------|
| SI. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |

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



| 1 | NA NA | 0 |
|---------------------------|-------|---|
| | | |
| Description of other item | | |
| | | |

| 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 | : | 2354, 2353. C.S.T 3916/2,PACHORA ROAD JAMNER 424206 |
|--------------------|---|---|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|-------|
| Premium | | ₹ | 2,500 |
| SGST | 9 | 225 | |
| CGST | 9 | 225 | |
| 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 20th day of June, 2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 20/06/2024

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: 16050124P0002794

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C