



## POLICY SCHEDULE FOR BURGLARY (Floater) INSURANCE

### UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | ROXY FABRICS  | ·                      |   |  |  |
|----------------|---|---|------------------------|---|--|--|
|                |   | Insureds Details  | Issuing Office Details |   |  |  |
| Customer ID    |   | PO60876515  | Office Code            |   | AURANGABAD DO-160400 (160400)                                    |  |
| Address        | : | SHOP ) 184 NEW CLOTH MARKET<br>SARANGPUR AHMADABAD 380001 | Address                | : | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |
|                |   | AHMEDABAD ,GUJARAT, 380001                                |                        |   |  |  |
| Phone No       | : | XXXXXX4220  | Phone No               | : | 02402333572 / 02402333361  |  |
| E-mail/Fax     | : | info.jainuine@gmail.com, /                                | E-mail/Fax             | : | nia.160400@newindia.co.in / 02402331226                          |  |
| PAN No         | : |   | S.Tax Regn. No         | : | AAACN4165CST178  |  |
| GSTIN/UIN      | : | 24AAVFR6656C1ZU / NA                                      | GSTIN                  | : | 27AAACN4165C3ZP  |  |
|                | : |   | SAC                    | : | 997139 (Other non-life insurance service excl RI)                |  |

| Policy Details  |   |   |   |   |                                     |  |
|---|---|---|---|---|-------------------------------------|--|
| Policy Number : 16040046240100000089 Business Source Code |   |   |   |   |                                     |  |
| Period of Insurance                                       | : | From: 24/06/2024 12:00:01 AM To: 23/06/2025 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | level/Broker/Corp. (DA3388757) Agent/Web (DA3388757) Jainuine Insurance Brokers Pvt.Ltd |                                     |  |
| Date of Proposal  | : | 24-Jun-24   | Agent/Bancassurance/S pecified Person                               | :   |                                     |  |
| Prev. Policy no.  | : | 16040046230100000105                                    | Phone No  | :   | 02402350377, 9850049400 / NA        |  |
| Client Type   | : | Non-Corporate   | E-mail/Fax  | T:  | kailash@jainuineinsurance.co.in, // |  |

| Financier(s) Details           |  |  |  |  |
|--------------------------------|--|--|--|--|
| SI. No. Name of the Financiers |  |  |  |  |
| 1 PUNJAB NATIONAL BANK         |  |  |  |  |

| Pre                          | Premium(₹) GST(₹)  |  | Total(₹) | Total (₹ in words)                       | Receipt No. & Date                  |  |
|------------------------------|--|--|----------|--|-------------------------------------|--|
|                              | 670 121  |  | 791      | RUPEES SEVEN HUNDRED NINETY-<br>ONE ONLY | 1604008124000000358<br>1 - 24/06/24 |  |
| Limit per Location : 6000000 |  |  |          |  |                                     |  |
| SI. No.                      | Location & Address   |  |          |  |                                     |  |
| 1                            | Shop - 344 new cloth market, groundfloor & basement sarangpur Ahmedabad<br>380001 - 380001 |  |          |  |                                     |  |
| 2                            | Shop - 300 new cloth market sarangpur Ahmedabad 380001 - 380001                            |  |          |  |                                     |  |
| 3                            | Godown belongs to Bordi mill compound opp panch mukhi mahadev opp sumel                    |  |          |  |                                     |  |

: NA First Loss Percentage

#### Details of assets covered under the Policy

| Stocks in Trade |   |             |  |  |  |
|-----------------|---|-------------|--|--|--|
| SI. No.         | STOCK DETAILS                           | Sum Insured |  |  |  |
| 1               | all kind of cloths and any raw material | 6000000     |  |  |  |

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

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

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



| Office E                         | Equipments                                 |            |              |   |             |  |
|----------------------------------|--|------------|--------------|---|-------------|--|
| SI. No. OFFICE EQUIPMENT DETAILS |  |            |              |   | Sum Insured |  |
| 1                                |  |            | N            | A   |             | 0  |
| Coins /                          | Currency notes                             |            |              |   |             |  |
| SI. No.                          | COINS                                      | /CURRE     | NC.          | /CURIOS DETAILS   |             | Sum Insured                                |
| 1                                |  |            | N            | A   |             | 0  |
| Descrip                          | tion of other item                         |            |              |   |             |  |
| SI. No.                          |  | OTHER      | R ITE        | M DETAILS   |             | Sum Insured                                |
| 1                                |  |            | N            | A   |             | 0  |
|                                  | Add on Covers                              |            |              |   | Sum I       | nsured (₹)                                 |
| Other E                          | extension                                  |            |              |   |             | Γ OPTED                                    |
|                                  | xtension                                   |            |              |   |             | Γ OPTED                                    |
| Terroris                         | sm   |            |              |   | NOT         | Γ OPTED                                    |
| Special                          | Conditions                                 |            | :            | NA  |             |  |
| Excess                           |  |            |              | 2000  |             |  |
|                                  |  | GLARY      | poli         | cy clauses attached herewith.                                   |             |  |
| Premium                          | n and GST Details                          |            |              | Rate of Tax   |             | Amount in INR                              |
| Premium                          | n  |            |              |   | :           | ₹ 670                                      |
| SGST                             |  |            |              | 0   |             | 0  |
| CGST                             |  |            |              | 0   |             | 0  |
| IGST                             |  |            |              | 18  |             | 121  |
| In witne<br>set his              | ess whereof the undersi<br>(their) hand(s) | gned be    | eing         | duly authorised by the Insurers ar                              | nd on b     | ehalf of the Insurers has (have) hereunder |
| on this                          | 24th day of June,2024.                     |            |              |   |             |  |
|                                  |  |            |              |   |             |  |
|                                  |  |            |              |   |             | For and on behalf of                       |
|                                  |  |            |              |   | The         | e New India Assurance Company Limited      |
| Date of                          | Issue: 24/06/2024                          |            |              |   |             |  |
|                                  |  |            |              |   |             |  |
|                                  |  |            |              |   |             | Duly Constituted Attorney(s)               |
| Mudran<br>numbe                  | nkDt<br>rdt                                | co<br>Stam | nsol<br>p Dı | idated Stamp Fees Paid by Pay Or<br>oty under the Policy is ₹1/ | der Nur     | nbervide receipt                           |

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 : 16040024E0005802

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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

