



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | : | : BAHUBALI COTTONS PVT. LTD | | | | |
|------------------|---|--|---|---|---|--|
| Insureds Details | | Issuing Office Details | | | | |
| Customer ID | | POB5969312 | Office Code : DO II AURANGABAD (160500) | | | |
| Address | | SURVEY NO 543 PANDARWADI ROAD. GEORAI DIST- BEED.431127 | Address | | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD | |
| | | GEVARAI ,MAHARASHTRA, 431127 | | | ,431003 | |
| Phone No | | | Phone No | : | 02402482688 / 02402480985 | |
| E-mail/Fax | : | prasad_cot@yahoo.co.in, / | E-mail/Fax | | nia.160500@newindia.co.in / 02402486895 | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27AAECB5561E1ZT / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | | |
|---------------------|---|--|---|----------------------|---|--|
| Policy Number | : | 16050046240100000254 | Business Source Code | Business Source Code | | |
| Period of Insurance | : | From: 01/08/2024 03:19:02 PM To: 30/09/2024 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 | | 01-Aug-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 | | STATE BANK OF INDIA | | | | |
| Premium(₹) | GST(₹) | GST(₹) Total(₹) Total (₹ in words) Receipt No. & Date | | | | |
| 13,125 | 2,362 | 15,488 | RUPEES FIFTEEN THOUSAND FOUR HUNDRED EIGHTY-EIGHT ONLY | 160500812400000311 4 - 01/08/24 | | |
| Location Details | Location Details : Bahubali cottons pvt. Ltd, Survey No 543 Pandarwadi road, Georai Dist- Beed.431127-431127 | | | | | |

Details of assets covered under the Policy

: NA

| Stocks in | Trade | |
|-----------|--|-------------|
| SI. No. | STOCK DETAILS | Sum Insured |
| 1 | On stock of Cotton F. P Bales,Seeds,cake, & such other goods | 14000000 |
| Goods he | eld in Trust / Commision | |
| SI. No. | GOODS HELD DETAILS | Sum Insured |
| 1 | NA | 0 |
| - I | e / Fixture / Fittings | |
| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
| 1 | NA | 0 |
| Office Eq | uipments | |
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1 | NA | 0 |
| | | |

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

Policy No. : 16050046240100000254Document generated by 35691 at 01/08/2024 15:28:23 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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.



| 1 | | N | A | 0 | |
|------------|-------------------|--|-----------|-----------------|--|
| Descripti | ion of other item | | | | |
| SI. No. | | OTHER ITE | M DETAILS | Sum Insured | |
| 1 | | N | A | 0 | |
| | Add on Covers | | | Sum Insured (₹) | |
| | | | NOT OPTED | | |
| Theft Ext | tension | NOT OPTED | | | |
| Terrorism | | | NOT OPTED | | |
| | | Location:-Bahubali cottons pvt. Ltd, urvey No 543 Pandarwadi road. Georai Dist- Beed.431127 n stock of Cotton F. P Bales, Seeds,cake, & such other goods | | | |
| Excess : 0 | | | | · · · · | |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| Rate of Tax | Amount in INR | |
|-------------|---------------|--|
| | ₹ 13,125 | |
| 9 | 1181 | |
| 9 | 1181 | |
| 0 | 0 | |
| | 9 9 | |

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 01st day of August, 2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/08/2024

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 : 16050024P0006318

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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