



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	: OM GINNING & PRESSING FACTORY		
Insured's Details		Issuing Office Details	
Customer ID	: PO91813148	Office Code	: AURANGABAD DO-160400 (160400)
Address	: GUT NO. 69, JALGAON ROAD, AT. MHASWAD, DIST. JALGAON MHASVAD (KH) ,MAHARASHTRA, 425116	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: omginning@gmail.com, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AABFO6185B1ZD / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040048240300000034	Business Source Code	
Period of Insurance	: From: 29/09/2024 12:00:01 AM To: 28/09/2025 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	: 29-Sep-24	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	: 16040048230300000070	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
46,200	8,316	54,516	RUPEES FIFTY-FOUR THOUSAND FIVE HUNDRED SIXTEEN ONLY	1604008124000000775 2 - 20/09/24

Money in safe (during and after business hours)	: 5000000
Money in Till	: 9000000

Sl. No.	Location & Address
1	Om Ginning & Pressing Factory, Gut No. 69, Jalgaon Road, At. Mhaswad, Dist. Jalgaon.
2	FACTORY, OFFICE, RESIDENCE OF ALL THE PARTNER / PROPRIETOR/ DIRECTOR. ,BANK

SECTION - 1				
Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	9000000	0	0



2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa	9000000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection and vice versa	9000000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	600000000
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Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	300
2.	Details of employees handling Money	owner or authorized employee
3.	How is money carried	BAGS,SUITCASES WITH LOCK WITHO
4.	Mode of Transport	PUB/PVT VEHICLE
5.	Details of armed guards or any other protection	no
6.	Details of money kept outside business hours	STEEL CUPBOARD
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	OWNER OR AUTHORIZED EMPLOYEE
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 90,00,000/- (90 Lakhs) Section 1 B ₹ 90,00,000/- (90 Lakhs) Section 1 C ₹ 90,00,000/- (90 Lakhs) Section 2 ₹ 90,00,000/- (90 Lakhs)
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Excess	:	1000
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This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 46,200
SGST	9	4158
CGST	9	4158
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 September,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 20/09/2024

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 : 16040024E0012555

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
