



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	sured's Name : LAXMINARAYAN FIBER PVT LTD					
Insureds Details		Issuing Office Details				
Customer ID : PO93653702		PO93653702	Office Code		AHMEDNAGAR D.O. 151800 (151800)	
Address	:	GUT NO.275 & 276, HELESWADI, AT MANTHA DIST JALNA	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
		MANTHA ,MAHARASHTRA, 431504				
Phone No	:		Phone No	:	02412321538 / 02412343372	
E-mail/Fax	:	laxminarayanfiber@gmail.com, /	E-mail/Fax	:	nia.151800@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AACCL2664G1ZJ / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number	Policy Number : 15180046240100000186 Business Source Code					
Period of Insurance	:	From: 21/09/2024 12:00:01 AM To: 20/10/2024 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),		(DA3388757) Jainuine Insurance Brokers Pvt.Ltd	
Date of Proposal	:	21-Sep-24	Agent/Bancassurance/S pecified Person	:		
Prev. Policy no.	:	15180046240100000148	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 S.B.I BR SENDHWA		

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
750	136	887	RUPEES EIGHT HUNDRED EIGHTY- SEVEN ONLY	1518008124000000562 2 - 20/09/24
Location Details	cation Details : Bhushan Jugalkishore kasat warehouse,godown no.2 Gut No127,At village Kendhali,TQ Mantha Dist Jalna-431504			

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	On stock of cotton F P Bales,whilst stored &/or lying in Godown / & or Warehouse.	6000000			

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

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

Office Equipments				
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			0		
Descript	ion of other item					
SI. No.		ITEM DETAILS			Sum Insured	
1		NA			0	
	Add on Covers		Sum Insured (₹)			
Other Ex				NOT OPT		
Theft Ex				NOT OPT		
Terrorisi				NOT OPT		
Special	Conditions		n of Bhushan Jugalkis t village Kendhali, TQ		warehouse godown no.2	
Excess			e village iteriarian, 1 q	Tiditella Dio	rejama 191901	
	cy shall subject to BURGLARY p	-	tached herewith.			
Premium	and GST Details		Data of Tour		una in 1918	
Premium			Rate of Tax	Amou ₹	I nt in INR 750	
SGST			9	68	750	
CGST			9	68		
IGST			0	0		
set his (their) hand(s)	ing duly authoris	sed by the Insurers ar	nd on behalf	of the Insurers has (have) hereunder	
on this 2	20th day of September,2024.					
					For and on behalf of	
				The New	v India Assurance Company Limited	
Date of	Issue: 20/09/2024					
Dute of	13340. 20/03/2024					
					Ouly Constituted Attorney(s)	
	cDtcon dt Stamp	•		der Number_	vide 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: 15180024E0008496

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C