



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	: RAM FOODS PRODUCTS PVT LTD		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: PO91876887	Office Code	: AURANGABAD DO-160400 (160400)
Address	: GAT NO 17/2 ,17/1B ,NH NO.6 AT VARAD TAL DHARANGAON, DIST JALGAON ERANDOL ,MAHARASHTRA, 425109	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 0240233361
E-mail/Fax	: ramfoods@gmail.com, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AABCR5207L1ZA / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
Policy Number	: 16040048240300000035	Business Source Code	
Period of Insurance	: From: 01/10/2024 12:00:01 AM To: 30/09/2025 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	: 01-Oct-24	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	: 16040048230300000072	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
38,500	6,930	45,430	RUPEES FORTY-FIVE THOUSAND FOUR HUNDRED THIRTY ONLY	1604008124000000806 1 - 27/09/24

Money in safe (during and after business hours)	: 99000000
Money in Till	: 99000000

Sl. No.	<b>Location &amp; Address</b>
1	Ram foods Products Pvt Ltd. Gat no 17/2 ,17/1B and Gat no.20 NH No.6 at varad Tal Dharangaon,
2	FACTORY, OFFICE, RESIDENCE OF ALL THE PARTNER / PROPRIETOR/ DIRECTOR./BANK

<b>SECTION - 1</b>				
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.	9900000	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	9900000	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	9900000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	500000000
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<b>Optional Covers</b>	<b>Sum Insured (₹)</b>
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

<b>Risk Details</b>		
1.	Maximum distance over which money will be conveyed	300
2.	Details of employees handling Money	authorised employee
3.	How is money carried	ANY BAG,TRUNKS AND SUITCASE
4.	Mode of Transport	VECH.PUB/PRIVATE/HIR
5.	Details of armed guards or any other protection	NO SECURITY GUARD
6.	Details of money kept outside business hours	na
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	NA
9.	Are all the keys removed outside business hours	No

<b>Special Conditions</b>	:	Section 1 A ₹ 99,00,000/- (99 Lakhs) Section 1 B ₹ 99,00,000/- (99 Lakhs) Section 1C ₹ 99,00,000/- (99 Lakhs) Section 2 ₹ 99,00,000/- (99 Lakhs)
<b>Excess</b>	:	20000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 38,500
SGST	9	3465
CGST	9	3465
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 27th day of September,2024.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 27/09/2024

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 : 16040024E0013054

<b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b>
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