



## POLICY SCHEDULE FOR MONEY INSURANCE

## UIN NUMBER - IRDAN190P0127100001

Insured's Name	:	NATH INDUSTRIES LIMITED				
Insured's Details				Issuing Office Details		
Customer ID	:	PO91852395	O91852395 Office Code		AURANGABAD DO-160400 (160400)	
Address	:	VILLAGE WAHEGAON, TALUKA PAITHAN, DIST. AURANGABAD PAITHAN SUGAR FACTORY .MAHARASHTRA. 431148	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No	:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone No	1:	02402333572 / 02402333361	
E-mail/Fax	:	sales@nathpaper.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AAACR7243K1Z5 / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 16040048240300000037 Business Source Code						
27/09/2025 11:59:59 PM   level/Broker/Corp.   (DA338875   Agent/Web   Jainuine Ins		Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),				
Date of Proposal	:	28-Sep-24	Agent/Bancassurance/S pecified Person	:		
Prev. Policy no.	:	16040048230300000075	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
1,100	198	1,298	RUPEES ONE THOUSAND TWO HUNDRED NINETY-EIGHT ONLY	1604008124000000816 5 - 30/09/24

Money in safe (during and after business hours)		:	5000000	
Money in Till			5000000	
Sl. No.	Location & Address			
1	M/S. Nath Industries Limited, At Village Wahegaon, Taluka Paithan, Dist. Aurangabad			
2	Nath House, Nath Road, Aurangabad			

SECTIO	SECTION - 1								
SI. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency						
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.	5000000	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	2500000	0	0					

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



3.	Section 1 C - Money ( other tand 1B above ) collected by custody of the insured or the employee/s of the insured w premises or hank within a per 48 hours from the time of coversa	e authorized hilst in transit to the eriod not exceeding	2500000		0	0		
Limit o	ver the Policy period ated Annual Turnover)	: 10000000						
Option	al Covers		Sum Insured	(₹)				
SRCC C	Cover		NOT OPTED					
Terrori	sm		NOT OPTED					
Diek De	stalla							
Risk De	Maximum distance over which	ch money will be convey	od		400			
2.	Details of employees handling			Cash carried		oyee of the Company.		
3.	How is money carried	ig Money			· · ·	TH LOCK OR WI		
4.	Mode of Transport				NY MODE OF			
5.	Details of armed guards or a	ny other protection		Al	NM	TIVALIVOI OIN		
6.	Details of money kept outside				NA			
7.	Is the safe where money is k		floor		No.			
8.	By whom are the keys held	cept, fixed to the walls of	11001		NA			
9.	Are all the keys removed out	tside business hours		NO NO				
Specia	Conditions	: Cash Will be carried radius to Insured Pre	by the Owner a	and any autho	orized employ	vees within 400 KMS		
		DIRECTOR/ PARTNER			, orrices, re	SIDERICE OF THE		
Excess		: 1000						
	licy shall subject to MONEY INS	solvinez policy clauses	Rate of Tax	Amount	in IND			
Premiun	n		Nate of Tax		1,100			
SGST	•		9	99	1,100			
CGST			9	99				
IGST			0	0				
In witn	ess whereof the undersigned b (their) hand(s) on this 30th da	eing duly authorised by y of September,2024.	the Insurers and	d on behalf of	the Insurers	has (have) hereunder		
Date of	f Issue: 30/09/2024			The New Ir	For and on b	pehalf of se Company Limited		
				Dul	y Constituted	l Attorney(s)		
	nkDtcc rdt Stam			er Number	v	ide receipt		

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



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: 16040024E0013209

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C