



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name   | : M/S. KAILASH TRADING COMPANY |   |                                     |   |   |
|------------------|--------------------------------|---|-------------------------------------|---|---|
| Insureds Details |                                |   | Issuing Office Details              |   |   |
| Customer ID      | :                              | POA8439343  | Office Code : JALNA BRANCH (160501) |   |   |
| Address          | :                              | CTS NO. 26/ 81, 26/ 82, 26/ 79, BAZAR<br>PETH, AMALNER- 425401<br>AMALNER (JALGAON)<br>,MAHARASHTRA, 425401 | Address                             | : | K.K.NIWAS LAKKAD KOT NEAR BUS<br>STAND AURANGABAD ROAD JALNA<br>,431203 |
| Phone No         | :                              | XXXXXX9450  | Phone No                            | : | 02482232708 / 02482232709   |
| E-mail/Fax       | :                              | naser@jainuineinsurance.co.in, /  | E-mail/Fax                          | : | nia.160501@newindia.co.in /   |
| PAN No           | :                              |   | S.Tax Regn. No                      | : | AAACN4165CST178   |
| GSTIN/UIN        | :                              | 27AGQPB2505D1ZU / NA  | GSTIN                               | : | 27AAACN4165C3ZP   |
|                  | :                              |   | SAC                                 | : | 997139 (Other non-life insurance services excl RI)                      |

|                     |   | Po   | olicy D | Details  |   |   |
|---------------------|---|--|---------|--|---|---|
| Policy Number       | : 16050146240100000112 Business Source Code |  |         |  |   |   |
| Period of Insurance | :   | From: 11/10/2024 04:30:00 PM To:<br>10/10/2025 11:59:59 PM | Ĩ       | Dev.Off.<br>evel/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd<br>(SI00028623), |
| Date of Proposal    | :   | 11-Oct-24  |         | Agent/Bancassurance/S<br>pecified Person                           | : |   |
| Prev. Policy no.    | :   |  |         | 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                 |
|------------------|--|----------|---|------------------------------------|
| 1,500            | 270  | 1,770    | RUPEES ONE THOUSAND SEVEN<br>HUNDRED SEVENTY ONLY | 160501812400000607<br>9 - 11/10/24 |
| Location Details | : CTS No. 26/ 81, 26/ 82, 26/ 79, Bazar Peth, Amalner- 425401-425401 |          |   |                                    |

First Loss Percentage

## Details of assets covered under the Policy

: NA

| Stocks in Trade |   |             |  |  |  |
|-----------------|---|-------------|--|--|--|
| SI. No.         | STOCK DETAILS   | Sum Insured |  |  |  |
| 1               | On Stocks Of Kirana, Cosmetics, Oils, Foodgrains, Dryfruits | 1000000     |  |  |  |
| 2               | Computers   | 100000      |  |  |  |
| 3               | Weighing Machines 3 Nos                                     | 100000      |  |  |  |

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

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

| Office Equipments      |                               |             |  |  |  |
|------------------------|-------------------------------|-------------|--|--|--|
| SI. No.                | OFFICE EQUIPMENT DETAILS      | Sum Insured |  |  |  |
| 1                      | NA O                          |             |  |  |  |
| Coins / Currency notes |                               |             |  |  |  |
| SI. No.                | COINS/CURRENCY/CURIOS DETAILS | Sum Insured |  |  |  |
| 1                      | NA                            | 0           |  |  |  |

Policy No. : 16050146240100000112Document generated by 36776 at 11/10/2024 20:58:15 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 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 dealso for office addresses and addresses of office of Insurance Ombudsman, please visit our website

http://newindia.co.in.



| Descript            | ion of other item        |   |  |                 |
|---------------------|--------------------------|---|--|-----------------|
| SI. No.             | OTHER ITEM DETAILS       |   | M DETAILS  | Sum Insured     |
| 1                   | NA                       |   |  | 0               |
|                     | Add on Covers            |   |  | Sum Insured (₹) |
| Other Ex            | ther Extension NOT OPTED |   |  | NOT OPTED       |
| Theft Ex            | heft Extension NOT OPTED |   |  | NOT OPTED       |
| Terrorism NOT OPTED |                          |   | NOT OPTED  |                 |
| Special (           | Conditions               | B | On Stocks Of All Types Of Kirana,<br>owls, Tobaco, Cigarettes, Sugar A<br>₹ 1,00,00,000/-<br>omputers- ₹ 1,00,000/-<br>/eighing Machines 3 Nos. ₹ 1,00,0 |                 |

Excess : 1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

|         | Rate of Tax | Amount in INR |  |
|---------|-------------|---------------|--|
| Premium |             | ₹ 1,500       |  |
| SGST    | 9           | 135           |  |
| CGST    | 9           | 135           |  |
| 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 11th day of October,2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 11/10/2024

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receiptnumber\_\_\_\_\_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 : 16050124P0007388

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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