



## **MACHINERY INSURANCE POLICY**

Insured's Name : ANNAPURNA COTEX PVT LTD						
Insured's Details		Issuing Office Details				
Customer ID	:	PO92420895	Office Code : AURANGABAD DO-160400 (160400)			
Address	:	SR NO.792/A/1 & 95/AA/2, ANKENPALLY VILLAGE, SADASIVPET MANDAL, DIST MEDAK Medak .TELANGANA. 502291	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No	:		Phone No	:	02402333572 / 02402333361	
E-mail/Fax	:	annapurnacotex@yahoo.co.in, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	36AAHCA0876A1Z0 / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997137 (Other property insurance services)	

Policy Details					
Policy Number	:	16040044245100000018	Business Source Code		
Period of Insurance	:	From:25/10/2024 12:00:01 AM To: 24/10/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),
Date of Proposal	:	25-Oct-24	Agent/Bancassurance/CPS C User	:	
Prev. Policy no.	:	16040044235100000022	Phone No	:	02402350377, 9850049400 / NA
Client Type	:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //

Premium	GST	Total	Receipt No. & Date
3,990	718	4,708	16040081240000009305 - 22/10/24

	Risk Address:Sr No.792/A/1 & 95/AA/2, Ankenpally Village, Sadasivpet Mandal, Dist Medak-
Property to be Insured)	502291,( Telangana ),NA,TS020,Medak,TS,TÉLANGAÑA,INDIA,502291

## Total Sum Insured ₹ 625000

Inventory of the Property Insured						
SI. No.	Quantity	Description of Machines	Year of Make	Sum Insured (In ₹)	Escalation(%)	Excess(₹)
1	1	Machine Details: TRANSFORMER WITH OIL Kirloskar, Serial No. HD - 500/125, YRS of MFG. 09- 2013, Serial No of Machine: 9999, Name of the manufacturer: TRANSFORMER WITH OIL	2015	625000	NA	6250

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformer and other electrical equipment damage thereto being covered by the Policy only when specifically described in said schedule.

Sl. No.	Add on Covers Opted	Indemnity Limits Opted	Excess
1	THIRD PARTY LIABILITY	NA	Policy Excess
2	EXPRESS FREIGHT (EXCLUDING AIR FREIGHT), HOLIDAY RATES OF WAGES ETC	NA	Policy Excess
3	AIR FREIGHT	NA	5 % of Air Freight
4	ADDITIONAL CUSTOMS DUTY	NA	5 % of Additional duty
5	SURROUNDING PROPERTY	NA	Policy Excess
6	DEBRIS REMOVAL	NA	Policy Excess

## **ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY**

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



SI. No.	Endorsement Number	En	dorsement Title				
Premium a	Premium and GST Details						
		Rate of Tax	Amount in INR				
Premium			₹ 3,990				
SGST		0	0				
CGST		0	0				
IGST		18	718				

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 22nd day of October,2024.

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 : 16040024E0015041

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C