



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER -

| Insured's Name | : | JAY JAGDAMBA TRADING COMPANY . | | | |
|----------------|---|--|----------------|-----|---|
| | | Insureds Details | | lss | suing Office Details |
| Customer ID | : | PO99714757 | Office Code | : | JALGAON (160700) |
| Address | : | NEW MONDHA, GANGAKHED, DIST. PARBHANI | Address | : | MANDORE MARKET, BEHIND DADHIWALA BUNGLOW, JILHA PETH,425001 |
| | | Gangakhed ,MAHARASHTRA, 431514 | | | |
| Phone No | : | | Phone No | : | 02572236189 / 02572232179 |
| E-mail/Fax | : | bajrangcotex3115@gmail.com, / | E-mail/Fax | : | nia.160700@newindia.co.in / 2572236189 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27AFNPD0235Q1Z7 / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| | Policy Details | | | | |
|---------------------|----------------|---|---|---|---|
| Policy Number | : | 16070046240100000239 | Business Source Code | | |
| Period of Insurance | : | From: 24/10/2024 02:26:00 PM To: 23/01/2025 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 | : | 24-Oct-24 | Agent/Bancassurance/S pecified Person | : | |
| Prev. Policy no. | : | | 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 | SUNDARLAL SAWJI URBAN CO OP BANK LTD |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date |
|------------------|---|----------|--|-------------------------------------|
| 2,500 | 450 | 2,951 | RUPEES TWO THOUSAND NINE HUNDRED FIFTY-ONE ONLY | 1607008124000000463 5 - 24/10/24 |
| Location Details | ails : Akshay Agro WarehouseNo.2, Gut No. 61, Malewadi, Tq. Gangakhed, Dist. Parbhani- 431514-431514 | | | |

First Loss Percentage : NA

Details of assets covered under the Policy

| Sto | Stocks in Trade | | | |
|-----|-----------------|---|-------------|--|
| SI | l. No. | STOCK DETAILS | Sum Insured | |
| | 1 | Chana, Soyabean & all types pulses, seed, food grains | 2000000 | |

| Goods h | 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

Policy No.: 16070046240100000239Document generated by 33037 at 24/10/2024 16:15:28 Hours.

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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



| Sl. No. | COINS/CURRENCY/CURIOS DETAILS | Sum Insured | |
|---------|-------------------------------|-------------|--|
| 1 | NA | 0 | |

| Descript | Description of other item | | | | |
|----------|---------------------------|-------------|--|--|--|
| SI. No. | OTHER ITEM DETAILS | Sum Insured | | | |
| 1 | NA | 0 | | | |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| Special Conditions | : | On stock of Chana, Soyabean & all types pulses,seed,food grains stored at Akshay Agro Warehouse No.2, Gut No. 61, Malewadi, Tq. Gangakhed, Dist. Parbhani- 431514 |
|--------------------|---|--|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | |
|---------|-------------|---------------|-------|
| Premium | | ₹ | 2,500 |
| SGST | 9 | 225 | |
| CGST | 9 | 225 | |
| 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 24th day of October, 2024.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 24/10/2024

Duly Constituted Attorney(s)

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: 16070024P0009944

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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