



**POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE**

**UIN NUMBER -**

<b>Insured's Name</b>	: LAXMINARAYAN FIBER PVT LTD		
<b>Insureds Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO93653702	<b>Office Code</b>	: AHMEDNAGAR D.O. 151800 (151800)
<b>Address</b>	: GUT NO.275 & 276, HELESWADI, AT MANTHA DIST JALNA  MANTHA ,MAHARASHTRA, 431504	<b>Address</b>	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
<b>Phone No</b>	:	<b>Phone No</b>	: 02412321538 / 02412343372
<b>E-mail/Fax</b>	: laxminarayanfiber@gmail.com, /	<b>E-mail/Fax</b>	: nia.151800@newindia.co.in /
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27AACCL2664G1ZJ / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 15180046240100000216	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 07/11/2024 12:00:01 AM To: 06/12/2024 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Date of Proposal</b>	: 07-Nov-24	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	: 15180046240100000199	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

<b>Financier(s) Details</b>	
<b>Sl. No.</b>	<b>Name of the Financiers</b>
1	STATE BANK OF INDIA

<b>Premium(₹)</b>	<b>GST(₹)</b>	<b>Total(₹)</b>	<b>Total (₹ in words)</b>	<b>Receipt No. &amp; Date</b>
500	90	591	RUPEES FIVE HUNDRED NINETY-ONE ONLY	151800812400000719 2 - 07/11/24
<b>Location Details</b>		: NCML W/H Arti Manoj Peety, Warehouse C,Godown No.2, Gut No.187, Kharpudi road, Jalna -431202		

<b>First Loss Percentage</b>	: NA
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**Details of assets covered under the Policy**

<b>Stocks in Trade</b>		
<b>Sl. No.</b>	<b>STOCK DETAILS</b>	<b>Sum Insured</b>
1	On stock of cotton F P Bales, whilst stored &/or lying in Godown / & or Warehouse.	3000000

<b>Goods held in Trust / Commision</b>		
<b>Sl. No.</b>	<b>GOODS HELD DETAILS</b>	<b>Sum Insured</b>
1	NA	0

<b>Furniture / Fixture / Fittings</b>		
<b>Sl. No.</b>	<b>FURNITURE/FIXTURE/FITTINGS DETAILS</b>	<b>Sum Insured</b>
1	NA	0

<b>Office Equipments</b>		
<b>Sl. No.</b>	<b>OFFICE EQUIPMENT DETAILS</b>	<b>Sum Insured</b>
1	NA	0

<b>Coins / Currency notes</b>		
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Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured
1	NA	0

Description of other item		
Sl. 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

<b>Special Conditions</b>	:	In the godown of NCML W/H Arti Manoj Peety, Warehouse C, Godown No.2, Gut No.187, Kharpudi road, Jalna 431202
<b>Excess</b>	:	1000

This Policy shall subject to BURGLARY policy clauses attached herewith.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 500
SGST	9	45
CGST	9	45
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 07th day of November,2024.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 07/11/2024

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 : 15180024E0011131

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**