



POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	: SYMEGA FOOD INGREDIENTS LTD
Insured's Details	
Customer ID	: PO56627714
Address	: SYNTHITE TASTE PARK, NOXI 312 G VADAVUCODE ,KERALA, 682310
Phone No	: 9746474100
E-mail/Fax	: bmi@symega.in, /
PAN No	:
GSTIN/UIN	: 32AAKCS0062P1Z6 / NA
	:
Issuing Office Details	
Office Code	: VYTTILA BRANCH (760707)
Address	: VYTTILA BRANCH 1ST FLOOR, THARAYIL CHAMBERS, OPPOSITE HP PETROL PUMP, NH BYPASS VYTTILA, KOCHI,682019
Phone No	: 04842306916
E-mail/Fax	: nia.760707@newindia.co.in /
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 32AAACN4165C4ZX
SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 76070748200300000020	Business Source Code	
Period of Insurance	: From: 25/01/2021 02:29:24 PM To: 24/01/2022 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	: AMEX INSURANCE BROKERS (INDIA) PVT.LTD, - (BR00000057) SITE VYTTILA 760707 AMEX (SI00173593) SITE VYTTILA 760707 AMEX (SI00173593) SITE VYTTILA 760707 AMEX (SI00173593)
Date of Proposal	: 25-Jan-21	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	:	Phone No	: 04842806750, / NA
Client Type	: Non-Corporate	E-mail/Fax	: amexkochi@gmail.com, / 04842803750 /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
12500	2250	14750	RUPEES FOURTEEN THOUSAND SEVEN HUNDRED FIFTY ONLY	7607078120000001430 5 - 25/01/21

Money in safe (during and after business hours)	: 1000000
Money in Till	: 1000000
Sl. No.	Location & Address
1	Symega Food Ingredients, Synthite TastePark, Pancode, Ernakulam
2	Symega Food Ingredients, ground floor, Harikrishnan Kataria Complex, gurgaon
3	Symega Food Ingredients, Ground Floor,Plot No.45, SK-1 Compound, Indore

SECTION - 1				
Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
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.	1000000	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	1000000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection and vice versa	1000000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	25000000
---	---	----------

Optional Covers	Sum Insured (₹)
SRCC Cover	25000000
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	60
2.	Details of employees handling Money	NA
3.	How is money carried	BAGS/SUITCASE
4.	Mode of Transport	OWN/PUBLIC/TW
5.	Details of armed guards or any other protection	NA
6.	Details of money kept outside business hours	SAFE
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	NA
9.	Are all the keys removed outside business hours	No

Special Conditions	:	AS PER CLAUSE INFIDELITY OF CASH CARRYING EMPLOYEES (INTIMATION OF LOSS WITHIN 48HOURS)
Excess	:	0

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 12500.00
SGST	9	1125
CGST	9	1125
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 25th day of January, 2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 25/01/2021

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/-.



Tax Invoice No : 76070720P0018876

IRDA Registration Number: 190