



# **BHARAT GRIHA RAKSHA POLICY** UIN-IRDAN190RP0010V02202021

| 1. Insured's Details : |   |   |               |   |         |  |
|------------------------|---|---|---------------|---|---------|--|
| Insured Name           | : | SANGEETA W/O SHYAM AGRAWAL .  | E-mail Id/Fax | : | /       |  |
| Customer ID            | : | PO95973026  | PAN No.       | : |         |  |
| Address                |   | SANGEETA W/O SHYAM AGRAWAL,<br>PLOT NO H/40 ,CIDCO, N-05 ,<br>AURANGABAD .<br>AURANGABAD ,MAHARASHTRA, 431001 | GSTIN/UIN.    | : | NA / NA |  |
| Phone No.              | : |   |               | : |         |  |

| 2. Issuing Office Details: |   |  |                 |    |  |
|----------------------------|---|--|-----------------|----|--|
| Office Name                | : | BRANCH AURANGABAD AUTO TIE-UP (160401)   | E-mail Id/Fax   |    | nia.160401@newindia.co.in /                |
| Office Code                | : | 160401   | S.Tax Regn. No. |    | AAACN4165CST178                            |
| Address                    | : | THE NEW INDIA ASSURANCE CO. LTD.<br>AUTO TIE-UP CITY BRANCH ( 160401 )<br>"JEEVAN SUMAN" BUILDING, PLOT NO. 3,<br>N-5, CIDCO, AURANGABAD,431003<br>MAHARASHTRA , 431003. | GSTIN           | •• | 27AAACN4165C3ZP                            |
| Phone No.                  | : | 02402485446 / 02402484415  | SAC             | :  | 997137 (Other property insurance services) |

| 3. Policy Details :                  | B. Policy Details : |   |   |  |  |  |
|--------------------------------------|---------------------|---|---|--|--|--|
| Policy Number                        | :                   | 16040111218600000258  |   |  |  |  |
| Period of Insurance                  | :                   | From: 23/03/2022 12:00:01 AM To: 22/03/2023 11:59:59 PM   |   |  |  |  |
| Date of Proposal                     | :                   | 23-Mar-22   |   |  |  |  |
| Prev. Policy no.                     | :                   | NA  |   |  |  |  |
| Client Type                          | :                   | Non-Corporate   |   |  |  |  |
| Business Source Code                 | :                   |   |   |  |  |  |
| Dev.Off level./Broker                | :                   | Jainuine Insurance Brokers Pvt. Ltd (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |   |  |  |  |
| Agent/Bancassurance/SPECIFIED PERSON | :                   |   |   |  |  |  |
| Phone No.                            | :                   | 02402350377, 9850049400 / NA  |   |  |  |  |
| E-mail Id/Fax                        | :                   | kailash@jainuineinsurance.co.in, //   | • |  |  |  |

| 4. Collection Pa | rtic | ulars : |                       |   |                                 |
|------------------|------|---------|-----------------------|---|---------------------------------|
| Premium          | :    | 3201    | Total (₹)             | : | 3777                            |
| GST              | :    |         | Receipt No. &<br>Date | : | 16040181210000003844 - 22/03/22 |

| 5. Policy Level Covers :       |   |                      |
|--------------------------------|---|----------------------|
| Description of Property        | : | As per Block Details |
| Location Address with Pin Code | : | As per Block Details |
| Risk Description               | : | As per Block Details |
| Risk Code                      | : | 1001                 |
| Sum Insured                    | : | ₹ 10000000           |

#### 6. **Block Details:**

| SI<br>No | Location Address with Pin<br>Code | Carpet Area of<br>the<br>structure(sq | Rate of Cost of Construction(₹ /sq.m) | Building SI | Cost of Addl.<br>Structure | Details of<br>Addl. Structure | F.F.F.(Home<br>Furnishing) SI |
|----------|-----------------------------------|---------------------------------------|---------------------------------------|-------------|----------------------------|-------------------------------|-------------------------------|
|          |                                   | m)                                    | -                                     |             |                            |                               | į į                           |



| 1        | PLOT NO H/40 ,CIDCO, N-<br>05 , AURANGABAD .,<br>431001 | 2000                                     | 5000                  | 10000000             | 0                                 | NA                                | 0                                |
|----------|---|--|-----------------------|----------------------|-----------------------------------|-----------------------------------|----------------------------------|
| SI<br>No | Location Address with Pin<br>Code                       | Electrical/Elect<br>ronic Sum<br>Insured | Others Sum<br>Insured | Total Sum<br>Insured | Type of<br>Construction-<br>Walls | Type of<br>Construction-<br>Floor | Type of<br>Construction-<br>Roof |
| 1        | PLOT NO H/40 ,CIDCO, N-<br>05 , AURANGABAD .,<br>431001 | 0  | 0                     | 10000000             | Pucca                             | Pucca                             | Pucca                            |

# 7. Additional Covers:

#### 7(a) Inbuilt Cover:

Cover for Loss of Rent

| Risk Serial Number | Sum Insured for No. of Months | No. of Months |
|--------------------|-------------------------------|---------------|
| 1                  | 0                             | 0             |

# **Cover for Rent for Alternative Accommodation**

| Risk Serial Number | Sum Insured for No. of Months | No. of Months |
|--------------------|-------------------------------|---------------|
| 1                  | 0                             | 0             |

### 7(b) Optional Covers: i)Valuable Contents:

| SI<br>No | Item Name | Sum Insured | Valuation Certificate Attached | Valuation agency |
|----------|-----------|-------------|--------------------------------|------------------|
|          |           |             | Total Sum Insured              |                  |

ii)PA cover

| Name of Policy Holder | Age | Sum Insured | Nominee Name | Relationship |
|-----------------------|-----|-------------|--------------|--------------|
| NA                    | 0   | 0           | NA           | NA           |
| Name of your Spouse   | Age | Sum Insured | Nominee Name | Relationship |
| NA                    | 0   | 0           | NA           | NA           |

| 8. Sum Insured Summary: |   |   |                 |  |  |  |  |
|-------------------------|---|---|-----------------|--|--|--|--|
| SI. No.                 | Asset Description   |   | Sum Insured (₹) |  |  |  |  |
| 1.                      | Home building Sum Insured                                     | : | 10,000,000      |  |  |  |  |
| 2.                      | Cost of additional structure                                  | : | 0               |  |  |  |  |
| 3.                      | Furniture, Fixtures and Fittings(Home Furnishings)Sum Insured | : | 0               |  |  |  |  |
| 4.                      | Electrical/Electronic Sum Insured                             | : | 0               |  |  |  |  |
| 5.                      | Other Contents  | : | 0               |  |  |  |  |
| 6.                      | Other property specifically required to be covered            | : | 0               |  |  |  |  |
|                         | Total Sum Insured   |   | 10.000.000      |  |  |  |  |

| 9. Terrorism/EQ/STF | 1: |     |                    |   |     |              |     |
|---------------------|----|-----|--------------------|---|-----|--------------|-----|
| Terrorism Covered   | :  | Yes | Earthquake Covered | : | Yes | STFI Covered | Yes |

| 10. | Нурс  | thecation Details :            |  |
|-----|-------|--------------------------------|--|
| SI  | l.No. | Name of the Financiers         |  |
|     | 1     | KARUR VYSYA BANK BR AURANGABAD |  |

| 11. Coinsurance Details : |                  |         |             |         |               |  |  |
|---------------------------|------------------|---------|-------------|---------|---------------|--|--|
| Sl.No.                    | Coinsurance Type | Company | Office Code | % Share | Premium Share |  |  |
| 1                         | NOT OPTED        |         |             |         |               |  |  |

# 12. Subjectivities:

The insurance under this policy is subject to

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



| Special Conditions       | : | ON RESIDENTIAL PROPERTY  |
|--------------------------|---|--|
| Special Warranties       | : | NA   |
| Special Exclusion        | : | NA   |
| Clauses                  | : | (1) Terrorism Clause (2) Agreed Bank Clause (3) Architects ClauseUpto 5% of the claim amount for reasonable fees of architect, Surveyor, Consulting Engineer (4) Removal of Debris ClauseUpto 2% of the claim of the amount for reasonable costs of Removing debris from the site. (5) Escalation Clause in case of Long Term Policy |
| Risk Covered             | : | As per Risk covered attached   |
| Fire Products-Exclusions | : | As per Exclusions attached   |

| 13. Terrorism Deductibles:- |   |               |                                 |  |  |  |
|-----------------------------|---|---------------|---------------------------------|--|--|--|
| Nature of Risk              | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit                   |  |  |  |
| Residential                 | 1 % of claim amount                       | ₹ 10,000/-    | ₹ 5,00,000/-<br>(Rupees 5 Lacs) |  |  |  |

# 14. Premium Details:

**Premium Head** Premium Amount (₹)

Net Premium under the policy 3201 **GST** 576 Total premium including GST 3777

RUPEES THREE THOUSAND SEVEN HUNDRED SEVENTY-SEVEN ONLY Total premium including GST(In words)

| Premium and GST Details |             |               |  |  |  |  |
|-------------------------|-------------|---------------|--|--|--|--|
|                         | Rate of Tax | Amount in INR |  |  |  |  |
| Premium                 |             | ₹ 3201.00     |  |  |  |  |
| SGST                    | 9           | 288           |  |  |  |  |
| CGST                    | 9           | 288           |  |  |  |  |
| IGST                    | 0           | 0             |  |  |  |  |

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 22nd day of March,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 22/03/2022

Duly Constituted Attorney(s)

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



Tax Invoice No: 16040121P0005003

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C