



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

| 1. Insured's Details : |   |   |               |   |         |
|------------------------|---|---|---------------|---|---------|
| Insured Name           | : | SHAIKH SHAFIQ SHAIKH AZIZ BAGWAN .  | E-mail Id/Fax | : | /       |
| Customer ID            | : | PO93463564  | PAN No.       | : |         |
| Address                | : | CTS NO. 3999, FLAT NO. 12, 3 RD FLOOR,<br>M. I. PRIDE, DEODIBAZAR, SHAHASIRAJ<br>ROAD, AURANGABAD.<br><br>AURANGABAD ,MAHARASHTRA, 431001 | GSTIN/UIN.    | : | NA / NA |
| Phone No.              | : |   |               | : |         |

| 2. Issuing Office Details : |   |  |                 |   |  |
|-----------------------------|---|--|-----------------|---|--|
| Office Name                 | : | BRANCH AURANGABAD AUTO TIE-UP<br>(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 :                  |  |
|--------------------------------------|--|
| Policy Number                        | : 1604011121860000144  |
| Period of Insurance                  | : From: 07/12/2021 04:11:26 PM To: 06/12/2022 11:59:59 PM  |
| Date of Proposal                     | : 07-Dec-21  |
| 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 Particulars : |   |      |                    |   |                                 |
|-----------------------------|---|------|--------------------|---|---------------------------------|
| Premium                     | : | 1121 | Total (₹)          | : | 1323                            |
| GST                         | : | 202  | Receipt No. & Date | : | 16040181210000002755 - 07/12/21 |

| 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                    | : ₹ 3500000            |

**6. Block Details :**

Policy No. : 1604011121860000144 Document generated by 31229 at 07/12/2021 17:04:06 Hours.

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

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



| SI No. | Location Address with Pin Code   | Carpet Area of the structure(sq m) | Rate of Cost of Construction(₹/sq. m) | Building SI       | Cost of Addl. Structure    | Details of Addl. Structure | F.F.F.(Home Furnishing) SI |
|--------|--|------------------------------------|---------------------------------------|-------------------|----------------------------|----------------------------|----------------------------|
| 1      | CTS NO. 3999, FLAT NO. 12, 3 RD FLOOR, M. I. PRIDE, DEODI BAZAR, SHAH ASIRAJ ROAD, AURANGABAD., 431001 | 1000                               | 3500                                  | 3500000           | 0                          | NA                         | 0                          |
| SI No. | Location Address with Pin Code   | Electrical/Electronic Sum Insured  | Others Sum Insured                    | Total Sum Insured | Type of Construction-Walls | Type of Construction-Floor | Type of Construction-Roof  |
| 1      | CTS NO. 3999, FLAT NO. 12, 3 RD FLOOR, M. I. PRIDE, DEODI BAZAR, SHAH ASIRAJ ROAD, AURANGABAD., 431001 | 0                                  | 0                                     | 3500000           | 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             |

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

| SI 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 :

| Sl. No.                  | Asset Description   | Sum Insured (₹)  |
|--------------------------|---|------------------|
| 1.                       | Home building Sum Insured                                       | 3,500,000        |
| 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                |
| <b>Total Sum Insured</b> |   | <b>3,500,000</b> |

9. Terrorism/EQ/STFI :

|                   |       |                    |       |              |       |
|-------------------|-------|--------------------|-------|--------------|-------|
| Terrorism Covered | : Yes | Earthquake Covered | : Yes | STFI Covered | : Yes |
|-------------------|-------|--------------------|-------|--------------|-------|

10. Hypothecation Details :

| Sl.No. | Name of the Financiers            |
|--------|-----------------------------------|
| 1      | STATE BANK OF INDIA 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

|                          |   |
|--------------------------|---|
| Special Conditions       | : ON RESIDENTIAL PROPERTY   |
| Special Warranties       | : NA  |
| Special Exclusion        | : NA  |
| Clauses                  | : (1) Terrorism Clause<br>(2) Agreed Bank Clause<br>(3) Architects Clause..Upto 5% of the claim amount for reasonable fees of architect, Surveyor, Consulting Engineer<br>(4) Removal of Debris Clause...Upto 2% of the claim of the amount for reasonable costs of Removing debris from the site.<br>(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 | 1121               |

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GST : 202  
Total premium including GST : 1323  
Total premium including GST(In words) : RUPEES ONE THOUSAND THREE HUNDRED TWENTY-THREE ONLY

| Premium and GST Details |             |               |
|-------------------------|-------------|---------------|
|                         | Rate of Tax | Amount in INR |
| Premium                 |             | ₹ 1121.00     |
| SGST                    | 9           | 101           |
| CGST                    | 9           | 101           |
| 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 07th day of December,2021.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 07/12/2021

Duly Constituted Attorney(s)

Tax Invoice No : 16040121P0003458

**IRDA Registration Number: 190**