



NEW INDIA BHARAT SOOKSHMA UDYAM SURAKSHA POLICY UIN-IRDAN190RP0011V02202021

1. Insured's Details :

| Insured Name | : | SANJAY CHANDRAPRAKASH AGRAWAL | E-mail Id/Fax | : | / |
|--------------|---|--|---------------|---|---------|
| Customer ID | : | PO67594133 | PAN No. | : | |
| Address | | FLAT NO. 303, 3RD FLOOR, KAILASH VIDYA RESIDENCY, JALNA JALNA ,MAHARASHTRA, 431203 | GSTIN/UIN. | : | NA / NA |
| Phone No. | : | | | | |

2. Issuing Office Details :

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

3. Policy Details :

| Policy Number | : | 16040111218000000397 |
|---|-----|---|
| Period of Insurance | ••• | From: 09/11/2021 12:00:01 AM To: 08/11/2022 11:59:59 PM |
| Date of Proposal | : | 09-Nov-21 |
| Prev. Policy no. | : | 16040111200100000527 |
| Client Type | : | Non-Corporate |
| Business Source Code | : | |
| Dev.Off level./Broker | : | JAINUINE INSURANCE BROKERS PVT. LTD (DA3388757) 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 | : | 3856 |
|--------------------|---|---------------------------------|
| GST | : | 694 |
| Total (₹) | : | 4550 |
| Receipt No. & Date | : | 16040181210000002502 - 13/11/21 |

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 | | | |
| Sum Insured | : | ₹ 3500000 | | | |
| Risk Serial N | 0 | | IIB Risk Code | | |

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6. **Block Details :**

Building, Contents & Stocks or Building Contents & Stocks on Declaration basis is selected:

| SI N o. | Location Address with Pin Code | Building superstru cture | Plinth & foundatio n | Basement & Additional Structure s | Fixture & | Plant & Machinery | Other Contents Details | Other Contents SI | Stocks held in trust | Stocks in process | Stocks |
|---------------|--|--------------------------------|----------------------------|---|-----------|----------------------|------------------------------|-------------------------|----------------------------|----------------------|--------|
| 1 | Sanjay Chandrap rakash Agrawal Flat No. 303, 3rd Floor, Kailash Vidya Residency , Jalna. 431203 | 3500000 | 0 | 0 | 0 | 0 | NA | 0 | 0 | 0 | 0 |

| SI No. | Location Address with Pin Code | Type of Construction - Walls | Type of Construction - Floor | Type of Construction - Roof |
|--------|---|---------------------------------|---------------------------------|--------------------------------|
| 1 | Sanjay Chandraprakash Agrawal Flat No. 303, 3rd Floor, Kailash Vidya Residency, Jalna. 431203 | Pucca | Pucca | Pucca |

7. Additional Covers:

a) Built-in Covers:

| Cover Name | Opted or Not | | | | |
|--|--------------|-------------|--|--|--|
| Additions, alterations or extensions | Yes | | | | |
| Temporary removal of stocks | Ye | es | | | |
| Cover for specific content | Ye | es | | | |
| Start-up expenses | Yes | | | | |
| Professional fees | Yes | | | | |
| Removal of debris | Ye | es | | | |
| Costs compelled by Municipal Regulations | Ye | es | | | |
| Cover Name | Opted or Not | Sum Insured | | | |
| Floater Add-on | NO | 0 | | | |

b) Add-on Covers:

| Cover Name | Opted or Not | Sum Insured |
|--------------------|--------------|-------------|
| Declaration Add-on | NO | 0 |

| 8.Sum Insured Summary : | | | | | | | | | |
|-------------------------|--|---|-----------------|--|--|--|--|--|--|
| SI. No. | Asset Description | | Sum Insured (₹) | | | | | | |
| 1. | Building superstructure Sum Insured | : | 3,500,000 | | | | | | |
| 2. | Plinth & foundation Sum Insured | : | 0 | | | | | | |
| 3. | Basement & Additional Structures Sum Insured | : | 0 | | | | | | |
| 4. | Furniture, Fixture & Fittings Sum Insured | : | 0 | | | | | | |
| 5. | Plant & Machinery | : | 0 | | | | | | |
| 6. | Other Contents Sum Insured | : | 0 | | | | | | |
| 7. | Stocks held in trust Sum Insured | : | 0 | | | | | | |

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| 8. | Stocks in process Sum Insured | : | 0 |
|---------|-------------------------------|---|-----------|
| 9. | Stocks Sum Insured | : | 0 |
| | Total Sum Insured | : | 3,500,000 |
| 9. Teri | rorism/EQ/STFI : | | |

| Terrorism Covered | | 1 | : | Yes | Earthquake C | overed | : | Yes | STFI Covered | : | Yes | |
|-------------------|--|---|---|-----|--------------|--------|---|-----|--------------|---|-----|--|
| - | | | | | | | | | | | | |
| | | | | - | | | | | | | | |

| 10. Hypothecation Details : | | | | | |
|-----------------------------|------------------------------|--|--|--|--|
| SI.No. | Name of the Financiers | | | | |
| 1 | UNION BANK OF INDIA BR JALNA | | | | |
| | | | | | |

11. Coinsurance Details : SI.No. Coinsurance Type Company Office Code % Share Premium Share

| - L | Sinto. | | company | 70 Briane | i reman onare |
|-----|--------|-----------|---------|-----------|---------------|
| | 1 | NOT OPTED | | | |
| | | | | | |

12. Subjectivities :

| The insurance under this policy is subject to | | | |
|---|---|--|--|
| Special Conditions | | Residential Cum Commercial Property | |
| Special Warranties | : | NA | |
| Special Exclusion : NA | | NA | |
| Clauses | : | Terrorism Clause Agreed Bank Clause Architects ClauseUpto 5% of the claim amount for reasonable fees of architect, Surveyor,Consulting Engineer Removal of Debris ClauseUpto 2% of the claim of the amount for reasonable costs of Removing debris from the site. | |
| Risk Covered | : | As per Risk covered attached | |
| Fire Products-Exclusions : As per Exclusions attached | | | |

13. A) Compulsory Deductible: ₹ 5000/- for each claim

| B) Terrorism Deductibles: | | | | |
|---------------------------|---------------------|-------------|-----------------------------------|--|
| Nature of Risk | Maximum Limit | | | |
| Non-Industrial | 1 % of claim amount | ₹ 25,000/- | ₹ 10,00,000/- (Rupees 10 Lacs) | |
| Industrial | 5 % of claim amount | ₹1,00,000/- | ₹ 25,00,000/- (Rupees 25 Lacs) | |

14. Premium Details :

| Premium Head | | Premium Amount (₹) | | |
|---------------------------------------|---|--|--|--|
| Net Premium under the policy | : | 3856 | | |
| GST | : | 694 | | |
| Total premium including GST | : | 4550 | | |
| Total premium including GST(In words) | : | RUPEES FOUR THOUSAND FIVE HUNDRED FIFTY ONLY | | |

| nium and GST Details | | |
|----------------------|-------------|---------------|
| | Rate of Tax | Amount in INR |
| Premium | | ₹ 3856.00 |
| SGST | 9 | 347 |
| CGST | 9 | 347 |
| IGST | 0 | 0 |

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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 13th day of November,2021.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 13/11/2021

Duly Constituted Attorney(s)

Tax Invoice No : 16040121P0003119

IRDA Registration Number: 190

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