



NEW INDIA BHARAT SOOKSHMA UDYAM SURAKSHA POLICY
UIN-IRDAN190RP0011V02202021

1. Insured's Details :

| | | | |
|--------------|---|---------------|--------------------------------------|
| Insured Name | : MANGALMURTY COTSPIN. | E-mail Id/Fax | : kailash@jainuineinsurance.co.in, / |
| Customer ID | : PO92882821 | PAN No. | : |
| Address | : S U R V E Y NO.124,MELASANGAM,MUNPALLE MANDAL,DIST SANGAREDDY, TELANGANA Medak ,TELANGANA, 502345 | GSTIN/UIN. | : 36ABJFM1981A1ZE / NA |
| Phone No. | : | | |

2. Issuing Office Details :

| | |
|-----------------|--|
| Office Name | : AHMEDNAGAR D.O. 151800 (151800) |
| Office Code | : 151800 |
| Address | : ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001 MAHARASHTRA , 414001. |
| Phone No. | : 02412321538 / 02412329761 |
| E-mail Id/Fax | : nia.151800@newindia.co.in / 02412341439 |
| S.Tax Regn. No. | : AAACN4165CST178 |
| GSTIN | : 27AAACN4165C3ZP |
| SAC | : 997137 (Other property insurance services) |

3. Policy Details :

| | |
|--------------------------------------|--|
| Policy Number | : 15180011218000001509 |
| Period of Insurance | : From: 11/11/2021 01:37:28 PM To: 10/05/2022 11:59:59 PM |
| Date of Proposal | : 11-Nov-21 |
| Prev. Policy no. | : 0 |
| 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 | : 24388 |
| GST | : 4390 |
| Total (₹) | : 28779 |
| Receipt No. & Date | : 15180081210000008495 - 11/11/21 |

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 | : ₹ 13000000 |
| Risk Serial No | |
| IIB Risk Code | |



| | |
|---|------|
| 1 | 2063 |
|---|------|

6. Block Details :

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

| SI No. | Location Address with Pin Code | Building superstructure | Plinth & foundation | Basement & Additional Structures | Furniture, Fixture & Fittings | Plant & Machinery | Other Contents Details | Other Contents SI | Stocks held in trust | Stocks in process | Stocks |
|--------|--|-------------------------|---------------------|----------------------------------|-------------------------------|-------------------|------------------------|-------------------|----------------------|-------------------|--------|
| 1 | MANGALMURTY COTSPIN, Survey No.124, Melasangam, Munpalle Mandal, Dist Sangareddy, Telangana 502345 | 0 | 0 | 0 | 0 | 13000000 | 0 | 0 | 0 | 0 | 0 |

| SI No. | Location Address with Pin Code | Type of Construction - Walls | Type of Construction - Floor | Type of Construction - Roof |
|--------|--|------------------------------|------------------------------|-----------------------------|
| 1 | MANGALMURTY COTSPIN, Survey No.124, Melasangam, Munpalle Mandal, Dist Sangareddy, Telangana 502345 | Pucca | Pucca | Pucca |

7. Additional Covers:

a) Built-in Covers:

| Cover Name | Opted or Not |
|--|--------------|
| Additions, alterations or extensions | Yes |
| Temporary removal of stocks | Yes |
| Cover for specific content | Yes |
| Start-up expenses | Yes |
| Professional fees | Yes |
| Removal of debris | Yes |
| Costs compelled by Municipal Regulations | Yes |

| 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 :

| Sl. No. | Asset Description | Sum Insured (₹) |
|---------|--|-----------------|
| 1. | Building superstructure Sum Insured | 0 |
| 2. | Plinth & foundation Sum Insured | 0 |
| 3. | Basement & Additional Structures Sum Insured | 0 |
| 4. | Furniture, Fixture & Fittings Sum Insured | 0 |
| 5. | Plant & Machinery | 13,000,000 |



| | | | |
|----|----------------------------------|---|-------------------|
| 6. | Other Contents Sum Insured | : | 0 |
| 7. | Stocks held in trust Sum Insured | : | 0 |
| 8. | Stocks in process Sum Insured | : | 0 |
| 9. | Stocks Sum Insured | : | 0 |
| | Total Sum Insured | : | 13,000,000 |

| | | | |
|-------------------------------|---|-----|---------------------------|
| 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 PARANCHERU . |

| | | | | | |
|----------------------------------|-------------------------|---|------------------------|----------------|----------------------|
| 11. Coinsurance Details : | | | | | |
| Sl.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share |
| 1 | Outgoing | NEW INDIA ASSURANCE CO. LTD. | AHMEDNAGAR D.O. 151800 | 51 | 12438 |
| 2 | Outgoing | CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD. | 210301 PUNE BRANCH - 1 | 49 | 11951 |

| | |
|---|---|
| 12. Subjectivities : | |
| The insurance under this policy is subject to | |
| Special Conditions | : GINNING & PRESSING, MACHINERY ₹ 1,30,00,000/- All types of Plant/Mach,Elect installation, Weigh bridge, D.Gset,Transformers,Elect poles,Fire Fighting Equipments, Elect Motors & all other accessories,spares etc |
| Special Warranties | : pertaining to Insured's trade whilst installed &/or lying in factory Premises |
| Special Exclusion | : NA |
| Clauses | : (1) Terrorism Clause (2) Agreed Bank Clause (3) Architects Clause..Upto 5% of the claim amount for reasonable fees of architect, Surveyor,Consulting Engineer (4) Removal of Debris Clause...Upto 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 | Deductibles (as a % of claim/loss amount) | Minimum Limit | 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 | : 24388 |
| GST | : 4390 |
| Total premium including GST | : 28779 |
| Total premium including GST(In words) | : RUPEES TWENTY-EIGHT THOUSAND SEVEN HUNDRED SEVENTY-NINE ONLY |



| Premium and GST Details | | |
|-------------------------|-------------|---------------|
| | Rate of Tax | Amount in INR |
| Premium | | ₹ 24388.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 4390 |

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 11th day of November, 2021.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 11/11/2021

Duly Constituted Attorney(s)

Tax Invoice No : 15180021P0010313

IRDA Registration Number: 190